The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXV. WINNIPEG, MAN., SEPTEMBER, 1929 No. 9

Registered at Ottawa, Canada, as second-class matter

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Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

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The International Council of Nurses

THIS issue of "The Canadian Nurse" is given over to an account of the Sixth General Congress of the International Council of Nurses.

Many Canadian nurses were unable to attend that greatest gathering of nurses ever held. It is hoped that through these pages they may learn something of what took place in Montreal. A majority of papers given at general and sectional sessions are published—a few have been slightly abridged.

For two years the nurses of Canada looked forward to this Congress; now it is over, everyone is grateful to the thousands of nurses who attended and so helped in making it a success.

With thirty-four countries represented, there were 357 nurses registered from overseas countries, with 3,034 from the United States of America and 2,822 from Canada, a total registration of 6,213.

Montreal at its best with perfect summer weather made an ideal meeting place for the nurses of many nations. Various civic departments, numerous voluntary organisations, hotels, convents and many individual citizens assisted tremendously in helping the local Arrangements Committee carry through its great responsibilities.

The evening sessions held in the Forum presented a truly wonderful sight as one gazed on row after row of nurses in that vast auditorium, made attractive with the flags of many nations. On the platform, draped with the flags of the member nations of the Council and thickly banked with green plants, were seated the officers and representatives of countries present.

On Monday evening, Miss Gage, President of the I.C.N., who won the admiration of everyone for the excellent manner in which she presided, read a number of telegrams of greeting: among these were those from H.R.H. Princess Arthur of Connaught, State Registered Nurse of England, from Mrs. Bedford Fenwick, Founder of the Council, and from Miss Mary Agnes Snively, Founder of the Canadian Nurses Association. Mrs. Fenwick and Miss Snively were prevented through illness from attending. Addresses of welcome were extended on behalf of the Governor-General and the Government of Canada, the City of Montreal, McGill University and the University of Montreal, the Canadian Medical Association and the Canadian Nurses Association. In replying to these messages of welcome, Miss Gage referred to the splendid way in which the nurses had been received by the people of Montreal.

Tuesday evening's session remains the most memorable. It has been customary for the Founder of the Council to present a "watchword" for the coming years. In Mrs. Fenwick's absence this was given by Miss Margaret Breay, Associate Editor of the British Journal of Nursing. Past Watchwords have been Work, Courage, Life, Aspiration, and the present one is Service (published on page 490).

Then followed the colourful ceremony, when five nations were received into membership: Brazil, Greece, Jugoslavia, Philippines and Sweden. As the representative of each new country was introduced, her national anthem was played by the band of the Royal Highlanders of Canada,

and while the entire assembly stood a Girl Guide mounted the platform with the flag of the new member's country and placed it unfurled in a stand. When the five members had been received, their flags mingled their multi-coloured drapery in one vast scene—"their united insignia a symbol of the common cause just made by their subject-nurses for the benefit of humanity". Miss Lillian Wu, of China, received Brazil; Miss Jessie Bicknell, of New Zealand, received Greece; Mrs. L. L. Bennie, of South Africa, received Jugoslavia; Miss S. Lillian Clayton, of the United States of America, received the Philippines; and Sister Bergliot Larsson, of Norway, most affectionately received her neighbour country, Sweden. Each speaker expressed the gratification of the Council in receiving these new members, while in reply the new members spoke of the inspiration they would receive from being now a part of the Council. Each new member received a large bouquet of flowers, the colours of which corresponded to those of her national flag.

Then a delightful incident occurred, when the chairman, Miss Annie Goodrich, introduced Mrs. Rebecca Strong, veteran among Scottish nurses and who, in spite of her 86 years, came from Glasgow to attend the Congress. As Mrs. Strong rose the "kilties" played "Auld Lang Syne". Then she briefly addressed the Assembly, emphasising the value of education. "Feed your minds, character is essential, but it must have education to be developed." Mrs. Strong thanked the gathering for her reception and its great allowance for age.

Greetings were read from Miss Lavinia Dock and Miss Agnes Snively, pioneer members of the Council, and again many telegrams of greeting were received. Then, in Miss M. A. Nutting's absence, her address on "The Future" was read by Miss Elizabeth Burgess. (See page 492.)

Thursday evening, Miss Mabel F. Hersey presided, when the speakers were Dr. Julius Tandler, Professor of the University of Vienna, Health and Welfare Commissioner of Vienna, Austria; and Dr. J. L. Biggar, National Commissioner, Canadian Red Cross Society. These addresses are published in this number.

Saturday evening saw Miss Gage once more in the Chair, when the Hon. Dr. Manion, member of the House of Commons, spoke on the "Interdependence of Nations," a fitting subject for the closing session of an international gathering. In a rapid resume, Dr. Manion showed nations' interdependence one with another. "No nation can feel that it is not an interdependent portion of the living, breathing, pulsating world of today. The question is, how can we make greater progress for civilisation and bring about that parliament of man, the federation of the world, which is so desirable. There is room in the world for all of us if we endeavour to see each other's difficulties and to understand each other's problems." Emphasising the non-existence of boundaries in the art of healing, he said, "This exemplifies the interdependence of nations throughout the world. The only sovereign they recognise is the sovereign of genius. All nations have contributed and all nations have benefited. All discoverers have ignored national boundaries and given freely of their discoveries to the world. There are no nobler ideals than those dominating the medical world." In closing, Dr. Manion made an appeal for the growth of a true international feeling. His final words were: "Thou shalt love them that fear Him, and thy neighbour as thyself".

Then came one of the most thrilling and delightful scenes of the Congress, when three Girl Guides carrying armfuls of flowers joined

BOARD OF DIRECTORS

Reading from left: Seated: Sister Larsson, Norway; Miss Breay, England; Miss Noyes, First Vice-President; Miss Gage, President,; Miss Gunn Second Vice-President; Miss Hersey, Canada; Miss Musson, Treasurer; Miss Reimann, Secretary. Standing: Miss Peterson, Denmark; Miss Astrom,Finland; Miss Bicknell, New Zealand; Miss Slater, India; Mrs. Bennie, South Africa; Miss Wu, China; Miss Healy, Irish Free State; Mlle. Chaptal, France; Miss Serton, Holland; Mlle. Hellemans, Belgium; Miss Clayton, United States; Miss Guevara, Cuba.

Sister Bergliot Larsson on the platform. In that clear, silvery-toned voice all had learned to love, Sister Larsson said, "When words no longer convey our meaning, we turn to the beautiful flowers. These dark red roses, the warmest colours, we give to the President of the Canadian Nurses Association". "In the International Council there is a nurse who is giving all her life to keep it together," and presented golden roses and forget-me-nots to Miss Reimann, the Secretary of the Council. To Miss Gage, the retiring President, there was given a beautiful bouquet of pink roses and blue delphiniums. The Council was then presented by Miss Messolora, on behalf of Greece, with one of the lamps of Florence Nightingale, and with one of the old lamps of Greece. Miss Messolora said she hoped her country might shed a light like that of Florence Nightingale, for Greece, through the ages, has shed the light of Aesculapius and of Hygeia, his daughter.

Mlle. Odier, of Switzerland, spoke briefly for the International Red Cross Societies, and Mrs. Sperling, of Germany, expressed thanks for the hospitality she had received while studying in Canada.

Mlle. Hervey, representing the Florence Nightingale School of Nursing at Bordeaux, France, acknowledged a gift of $28,000 from the American Nurses Association for the erection of the final wing to the School. This school has been erected by the A.N.A. as a memorial to the nurses of the United States who died while on service during the War. The new wing has a large assembly hall, a technical and fiction library, and lecture hall and demonstration room.

Miss Gage, who had so ably filled the office as President, in her closing remarks said she could offer her successor nothing better than the love and co-operation of the 140,000 members of the Conucil, which had meant so much to her.

Miss Gage then introduced Mlle. Chaptal, the President for 1929-1933, who spoke briefly of her appreciation of the honour done her, stating she was able to accept its responsibility because she had confidence in the zeal for progress and success of the members. The resolutions of thanks were read by Miss Lloyd Still, of St. Thomas's, London.

Then came the moment when the nurses realised the Congress was passing into history, as a representative of each continent bade farewell to Canada. Mrs. Bennie, of South Africa, Miss Guevara, of Cuba, for the Americas, Miss Slater, of India, for Asia, Miss McKenney, of New Zealand, for Australasia, and Miss Astrom, of Finland, for Europe, "with hearts quite literally too full for utterance," brought to a close this great Congress of Nurses, which, in adjourning, Miss Gage said, "And now it devolves on each of us to translate into action the influence of the Congress."

Reports of the affiliated organisations, associate national representatives, and other countries were read at two of the general sessions.

Every country reported effort toward improved educational standards. The stabilising and development of nurses' associations was emphasised; in countries where organisation work is established, the past four years showed enlargement of scope, while in other countries nurse groups are still in the process of unification and require considerable thought and work on the part of the nurses.

The numerous outstanding items of interest in these reports are mentioned under "General Values of the Congress". (page 470).

Other papers given at general sessions are published in this issue.

Entertainment

Many social functions were planned for the entertainment of the Grand Council and visiting nurses.

Delightful garden parties were given by Dr. C. Martin, Dean of the Medical Faculty of McGill University, and Mrs. Martin at their charming home at Senneville, and by Mr. and Mrs. J. W. McConnell at their summer residence at Dorval.

Lovely teas were given by Miss Helen Trenholm at Dixie Golf Club, and by Mrs. Carrington Smith at her home.

Luncheons, teas or dinners were arranged by the English and French Hospitals of Montreal; also a dinner at the Cercle Universitaire.

Seven hundred nurses interested in tuberculosis work were guests of the Sun Life Association. This luncheon was the inaugural opening of the dining room for women in the new Sun Life Building.

The Private Duty Nurses of Montreal were hostesses at an enjoyable tea for eight hundred guests at the Windsor Hotel.

The Overseas Nurses Club of Montreal were hostesses at tea at the Military Hospital, St. Anne's de Bellevue. The guests were nurses attending the Congress who had served with the Nursing Services of the Empire. Seven hundred guests, taken to St. Anne's were given a military motor-cycle escort en route.

At the banquet on Wednesday evening in the two ball-rooms of the Mount Royal Hotel were seated twenty-one hundred, and limitation of space prevented many others being present. National representatives were seated at tables in each room, one presided over by Miss Hersey with Miss Gage at her right, and the other by Miss Holt with Mlle. Chaptal, the incoming president, at her right. The musical programme and messages of greeting from guests at the head tables were broadcast between the two rooms.

Saturday afternoon was also given over to social amenities, when four thousand gathered on McGill Campus for a garden party, at which the band of the Royal Highlanders of Canada again played their delightful music.

Many smaller groups got together for parties of different kinds.

Among visiting nurses who entertained were the National Council of Nurses of Great Britain, with Miss Breay as hostess, and the American Nurses Association, at which Miss Lillian Clayton presided. The nurses of Japan and Korea arranged a really lovely Japanese luncheon, and Mlle. Chaptal, of France, the newly-elected president, was hostess at a luncheon at Cercle Universitaire.

One of the most interesting groups was the meeting arranged by the History of Nursing Society. Most of the two hundred guests who assembled for lunch were members of the Societies of the History of Nursing of Columbia or McGill Universities. Miss Isabel Stewart, who conducted the meeting, described the aims of these Societies, which are to interest nurses in all parts of the world in collecting and preserving all historical facts pertaining to nursing.

Several people spoke concerning the work done in their different countries. It was decided that a committee should be appointed to further this work, and suggested that by 1933, an International History of Nursing Society might be organised.

Miss Stewart announced her intention of giving a prize for the best paper on Nursing History, the conditions to be announced later.

A special invitation was given to visit during the Congress the very interesting exhibits at the Hotel Dieu and at the Osler Memorial Library.

(Any historical material on Canadian nursing that can be collected will be gladly received and carefully preserved at the McGill School for Graduate Nurses.—Editor.)

Sunday Services

On Sunday, July 7th, previous to the opening of the Congress, special church services for the visiting nurses were held in Christ Church Cathedral and in Notre Dame Church. These special services united with those held on that day as an Empire's thanksgiving for the recovery from long illness of His Majesty, King George Fifth.

Films

Daily at 5.15 p.m. films were shown in the Auditorium of the Montreal High School. Among health educational views shown were those illustrating diphtheria prevention campaigns, early diagnosis and prevention of tuberculosis, beneficial effects of sunlight for the prevention and care of rickets, advisability of annual physical examinations, the essentials of pre-natal care, the correlation of the Social Service Department with the other Departments of the Hospital, and overweight.

A number of pictures of Canadian scenery were viewed each day, and on Thursday Dr. Tandler, of Vienna, gave descriptive illustrated talks on his work as Health and Welfare Commissioner of Vienna. Dr. Tandler spoke early in the afternoon and again following the evening session at which he had given his address on "The Scientific Method in Social and Health Work."

Representatives of new countries admitted into membership in the I.C.N. Miss Bovolini, Jugoslavia; Miss Messalora, Greece; Miss Manondgos, Philippines; Miss Fraenkel, Brazil; Miss Lind, Sweden.

Sections

PRIVATE DUTY.—This Section held two very largely attended meetings. At the first one the "Status and Problems of the Private Duty Nurse" was dealt with by a representative from each Continent: Miss Agnes Chan for Asia, Miss Jessie Bicknell for Australasia, Miss A. Gordon for Africa, Miss Else Kaltoft for Europe, and Miss Janet Geister for the Americas. These papers appear in this issue.

At the second session Miss Isabel Macdonald of England presented an excellent paper on "Developments in Private Nursing," and Miss Elizabeth Fox, of the United States, gave an interesting address on "The Financial Aspects of Medical and Nursing Service". These papers, published in this issue, led to an animated discussion, although no conclusions were announced.

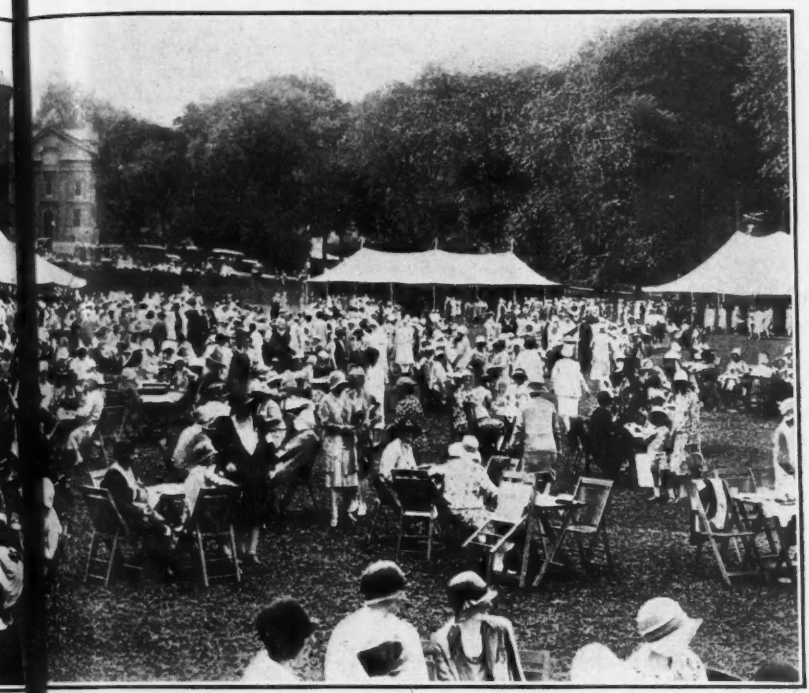
THE GARDEN PART

PUBLIC HEALTH.—This Section was addressed at its first meeting by Dr. G. B. Roatta, of Italy, who spoke on "Developments in Public Health Nursing," while "The Red Cross Nursing Programme" was presented by Mrs. Maynard Carter and Mlle. Odier. These papers are being published.

The potentialities of the citizen as represented by the child and by the adult, were considered in addresses on "The Citizen in Relation to the Public Health Programme," by Dr. Helen Reid, of Montreal, and "The Study of the Normal Child as a Preparation for Public Health Nursing". The physical aspects of this subject were raised by Mlle. Grenier, of France, while Miss Winifred Rand, of the United States, considered the mental aspects. (These three papers will be published in an early issue.)

NURSING EDUCATION.—Like the other Section meetings those of the Nursing Education were attended by huge crowds. Dr. Stanley Ryerson's paper on "The Preparation of a Curriculum" created a lively discussion, while "Trends and Developments in Vocational Education," by Dr. Charters, showed that educational programmes in the United States were being influenced by the "job analysis" system. Like several other speakers from the United States, Dr. Charters referred to the aid nursing education and conditions would receive through the study and findings of the Grading Committee.

Mlle. Chaptal dealt with "The Community Need in Relation to the Education of the Nurse".



McGILL UNIVERSITY CAMPUS

Miss E. M. Musson discussed "Legislation as Related to Nursing"; Miss Adda Eldredge's subject was "State Supervision in Schools of Nursing," while "Organisation of Post-Graduate Study in Nursing" was given by Miss Rachel Cox-Davies. All these papers are being published.

Round Tables

Twenty-one round tables were held. These were all largely attended and at each there were present three secretaries, English-speaking, French and German.

Unfortunately, reports of all these round tables are not available for publication at present so that it will be necessary to await their appearance in the official printed report of the proceedings which it was announced would be ready in November, 1929.

Miss S. C. Hearder, Matron, Bethlem Royal Hospital, London, England, led the discussion on "The Need of Education in Mental Nursing in the General Nursing Curriculum". The meeting endorsed that: (1) Psychiatric nursing be included as a compulsory subject in the curriculum of every training school for general nursing; (2) Post-graduate courses in mental hygiene be arranged for graduate nurses; (3) Courses in these subjects be arranged for administrators and teachers in nursing at universities and elsewhere.

Another discussion was, "Nursing in Relation to Mental Hygiene from the Standpoint of the Community," with Miss Katherine Tucker, A.B., General Director, National Organisation for Public Health Nursing, U.S.A., as chairman, and at which Mr. S. P. Davies, Assistant Secretary, State Charities Aid Association, New York, gave a paper, "A Community Programme in Mental Hygiene". Emphasis was made that every public health nurse should develop a psychiatric view-point.

"The Economic Aspects of Nursing and Nursing Education and Nursing Services", led by Miss N. X. Hawkinson, M.A., of Cleveland, attracted an interested audience. Speakers were Dr. May Ayres Burgess, Director, Committee on the Grading of Nursing Schools, U.S.A., Miss Goodrich, D.Sc., Dean, School of Nursing, Yale University, and Miss E. McP. Dickson, of Toronto. Miss Dickson summarised the need for cost studies as follows:

1. To enable the profession to make an authentic statement as to costs;
2. For the satisfaction of the superintendent of nurses, the hospital and the community, to determine whether or not the most economical methods are being employed;
3. For more accurate budgetting;
4. For comparative nursing costs as between one hospital and another;
5. To determine profit and loss in training student nurses;
6. To determine more specifically what constitutes nursing service;
7. To aid indirectly in the standardisation of nursing education;
8. To enable the principal of the school to offer a more business-like contract to student nurses;
9. To determine what method is the most economical for securing for the student a truly general training;
10. To determine how much the nurse in training receives from the hospital in excess of what she gives in service, if any.

The subject of a discussion presided over by Mrs. Bennie, of South Africa, was "Co-operation Between Sister Tutors and Ward Sisters". Those participating were Miss Gullen, Miss Lloyd Still and Miss Cox Davies, of England; Miss Edwards, Miss Densford and Sister Gabriel, of the United States; Mlle. Hellemans, of Belgium; and Miss McKenny, of New Zealand.

This subject, one of the best presented, included mention of the benefits derived from the influence of mutual understanding among co-workers and their meeting together for discussion of existing problems and plans for increased co-operation and organisation.

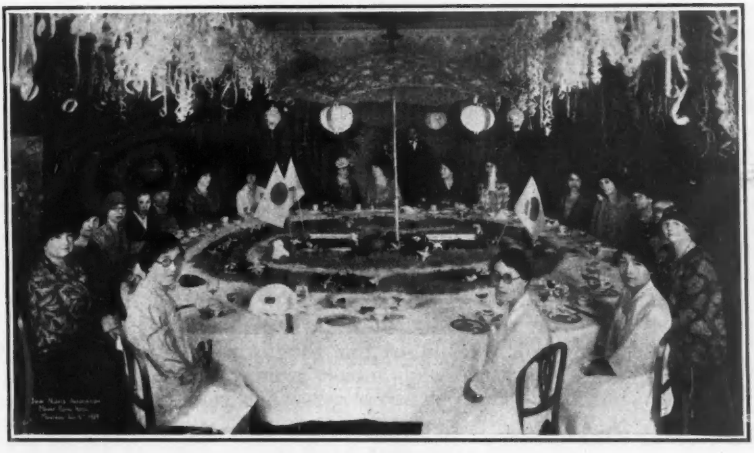
Mlle. Hellemans, of Belgium, directed the round table on "Ethics of Nursing". In an excellent paper, Miss Lillian Clayton offered a very careful plan of procedure for the development of a code of ethics. In discussion, Miss Mary Roberts said that she would like to see a formulated code of ethics which the nurses of the world might accept as a guide to promote conduct, with such amplification as each country found necessary. Miss Roberts believes "that a satisfying code must be worked out on the basis of practical idealism that shall endeavour to hold such as is still useful of the rich treasure of our past, while it faces eagerly forward to each new day, using new knowledge and new skill as science unfolds new wonders". The teaching of ethics was led by Miss Gullen of St. Thomas's, London. Discussion of actual problems relating to the division of re-

sponsibility between medicine and nursing led to the conclusion that, if nursing is to be a profession, it must be responsible for its own acts and it must prepare students to accept responsibility. The matter of formulating a Code of Ethics for the I.C.N. was referred to the Board of Directors.

Sister Andrea Arntzen, of Norway, was chairman of the round table on Health of Student Nurses, which was discussed under two headings:

1. In "How to Secure Healthy Candidates" emphasis was given to the importance of thorough physical examination of the student upon entrance and at frequent intervals, as well as a record of family history entered. Family history of tuberculosis or mental disease should not be considered at all.

2. "How to Preserve the Health of the Student Nurse" stressed "health education" for the students, who should have out and in-door exercise and hygienic living quarters, and in some cases supervised holidays. The following resolution was adopted: "It is to be recommended that only candidates of good health and strength be accepted for training as nurses. Single rooms affording privacy and quietness and good, ample and varied food ought to be provided. A definite health programme with sufficient outdoor exercise must be arranged for student nurses."



JAPANESE LUNCHEON

A large and interested group met for the discussion of "Recreation for Student Nurses". Activities and suggestions made by speakers from a number of countries showed that similar ideas exist in regard to promoting this important side of the student nurse's life; and also that certain other ideas suitable for some countries could not be adopted in others.

"Government Nursing Services" attracted a representative group, with Miss Elinor D. Gregg, of the United States, presiding. Sub-topics were: (1) "Military Nursing Organisations," led by Miss Rayside, of Canada, who said that the number of Army nurses had increased from 37 to 2,233 during the war, following which, if physically fit, they were placed in other government services. Now there are only 148 nurses attached to the C.A.M.C. (2) "The Government and Nursing Educa-

ton," by Miss Lind of Sweden, reported improved conditions in nursing since the government had taken over all schools. Mlle. d'Haussonville, of France, told of the use of short-term Red Cross nurses in France for Army service. A small number of trained nurses are used, but the supply available is insufficient. Army nurses and Red Cross nurses are not used in the same hospitals. Nurses are under the direction of doctors with no nursing supervision, and salaries are low. Miss Bicknell, of New Zealand, described the public health work carried on by the government. Lack of physical strength prevents educated Maori doctors and nurses from looking after their own people entirely. Miss Perez of Cuba stated that in 1902 all schools were taken over by the government. There are 686 nurses in Cuba at present. Major Julia Stimson described the United States Army Nurse Corps and its Army School of Nursing. Miss Gregg stated that the U.S. Veterans' Bureau Service is probably the largest government nursing service in the world, having 10,000 patients and 2,000 nurses. Miss Bowman described the duties of Navy nurses.

Under the leadership of Mrs. Maynard Carter, at a round table on Red Cross Nursing, two aspects of nursing peculiar to the Red Cross were discussed. These are: (1) Enrolment of the trained nurse; and (2) The training and enrolment of the auxiliary volunteer group.

Representatives of countries participating in discussion were: Miss Clara Noyes, United States; Miss Hagan, Finland; Mlle. Kaebenbeeck, Belgium; Miss Ruby Hamilton, Canada; Mlle. Messolora, Greece; Mlle. d'Haussonville, France; Mlle. Odier, Switzerland; and Miss Feascara, Italy. From the discussion, Miss Mary Gardner made the following summary:

First, that in no issue is there a greater divergence than in the conditions which govern the use of volunteers in the various countries. In some there are a sufficient number of fully-trained and diplomaed nurses to meet not only the normal demands of peace-time, but the extraordinary demands of war and disaster. In other countries the number of fully-trained nurses is sufficient for normal conditions, but insufficient in times of emergency. In still others, there are so few nurses that neither the demands of peace or of emergency can be met by them.

No one of any country could say that the sick should remain uncared for because there were not enough trained nurses to care for them. It would seem, therefore, that in all except a very few countries a subsidiary group of volunteer workers is necessary in times of emergency if not in times of normality.

If this is so certain safeguards must be placed around such a group if the patients are not to be in danger.

First, the relationship between the professional and the volunteer group must be not only close, but sympathetic.

Second, in all professional matters, and in those relating directly to the care of the sick, the volunteer groups should be led and guided by the professional group.

Third, the difference between the two should be made so clear that all may grasp it.

Fourth, since the sick are undoubtedly better cared for by the fully trained nurse, the goal set should be a gradual increase and strengthening of the professional group, with probably a compensating training of the volunteer group.

With these points in mind, and with the keenest appreciation of the inestimable services already rendered by our co-workers, the volunteers, we will do well to draw closer together and to march forward shoulder to shoulder in our common efforts to care for the sick and to prevent disease.

Business of the Congress

The business of the Congress is transacted by the Board of Directors (the officers and president of each member country), and the Grand Council, or voting body (the Board of Directors and four delegates from each member country). The Board of Directors meetings opened on July 2nd, and those of the Grand Council on July 4th.

Observation led one to realise the tremendous amount of time, energy and thought that these nurses give to a Quadrennial Congress.

Other groups equally as busy were the various committees, especially those on Nursing Education and Public Health.

The Secretary's report showed a great increase in the work at Headquarters. Since January, 1926, the Secretary has also acted as Editor of the international journal.

Discussion of this report, together with those from the Committee on Publications, the Special Committee appointed to study "The I.C.N.," and that from the Treasurer, resulted in the Grand Council deciding on an increase in fees from five to eight cents per capita. This decision being provided for by the by-law on fees: "The annual dues from each active member of the Council shall be five American cents per capita or the equivalent in the currency of the country represented as of January 1st of each year," being amended by the addition of the following two clauses:

"The annual dues from each active member may be changed by the Grand Council without previous notice to the affiliated national associations, provided such change is recommended by the Board of Directors and approved by a two-thirds vote of the Grand Council.

"Any change in the annual dues shall not become effective until one year after such change is made."

The above increase is necessary to meet expenses at Headquarters in Geneva, where there must be appointed an Editor or editorial assistance to aid the Secretary as Editor. For the past four years the Secretary has generously been responsible for additional expense; her generosity is deeply appreciated, but the International Council of Nurses should henceforth be placed on an independent financial basis.

The name, "The I.C.N.," has been changed to "The International Nursing Review," and after January 1st, 1930, there will be six issues annually instead of four as at present, and the subscription rate raised to Two Dollars a year (ten Swiss francs).

Other recommendations of "The I.C.N." Committee adopted by the Grand Council were:

"1. That the Board of Directors appoint a committee to study the question of forming a Stock Company to float the magazine on a sounder economic basis, or to suggest some other means whereby a sum of money may be secured for the same purpose."

"2. That, inasmuch as our Secretary has stated that it is impossible for her to carry on the double duties at International Headquarters, it is recommended that assistance be provided with the publication of the magazine by January 1st, 1930, if funds can be secured for this purpose."

The Council adopted the following resolution as a means to secure funds: "That the affiliated organisations be approached and be asked to make voluntary contributions to meet the deficit on the coming year's work until such time as the new fees are payable, and that the amount of deficit be stated."

On recommendation of the Membership Committee the National Organisations in the following countries were received into membership: Brazil, Greece, Jugo-Slavia, the Philippines and Sweden.

By a unanimous vote of the Grand Council, Honorary Membership was conferred on Miss Nina D. Gage, retiring president.

Place of meeting, 1933.—Invitations for the next Congress were received from France, South Africa and Cuba. By vote, Paris, France, was chosen, and as an invitation to hold part of the Congress in Brussels had been received from Belgium, it was decided to plan that the Congress would be held in Paris and in Brussels.

Officers elected are: President, Mlle. Chaptal; First Vice-President, Miss C. D. Noyes; Second Vice-President, Miss Jean Gunn; Hon. Treasurer, Miss E. M. Musson; Hon. Secretary, Miss Christiane Reimann.

Mlle. Chaptal, President, International Council of Nurses
(See The Canadian Nurse, June 1929)

Votes of Thanks

RESOLVED that the sincere appreciation and thanks of the Board of Directors of the International Council of Nurses and the members of the Congress, in Montreal, 1929, be expressed:

To Their Excellencies the Governor-General of Canada and Viscountess Willingdon, for their distinguished patronage and interest in the Congress.

To the Premier, Mr. Mackenzie King, for his warm welcome at the Parliament Buildings, in Ottawa, and to the Government for its generosity in assisting with funds.

To the City Authorities of Montreal, Ottawa and Quebec, as well as the educational institutions of Montreal, for their great contribution towards the success of the meeting.

To the churches of Montreal for the special services arranged for members of the Congress.

To the nurses of Canada, English- and French-speaking, to whom we owe a debt of appreciative gratitude difficult to express in words.

To the citizens and hospital authorities of Montreal, who have so wonderfully opened their homes and provided motor service, and have taken so keen an interest in the arrangement of the Congress.

To the Press, which greeted us upon our arrival and made such excellent reports of the meetings of the Congress.

To the Canadian Pacific and the Canadian National Railways for so generously making possible the trip of our Grand Council to Ottawa on July 3rd.

To all the speakers who have contributed so much to the value of the Congress, and to all those whose efforts have made the Exhibits such a great success.

To the Girl Guides and Boy Scouts, for their graceful service, and to the policemen for their attention and assistance.

To the Committee of Arrangements, with Miss Hersey as Chairman, and with special reference to the sub-committees: Advisory, Entertainment, Exhibits and Decorations, Finance, Housing, Publications, Publicity, Registration, Transportation.

To the Programme Committee with its Chairman, Miss Jean Gunn, for its efficient and devoted service.

To the Officers of the Council, with special reference to the President, Nina D. Gage, and the Standing Committees of the Council, which have done such excellent work during the last quadrennial period.

To the American Hospitality Committee, which have provided such wonderful opportunities for study for the foreign nurses passing through the United States.

In conclusion, BE IT RESOLVED, that we express our sincere appreciation to the Founder of the Council, Mrs. Bedford Fenwick, with our deep regret that she could not be with us at this inspiring Congress.

Secretary's Report

(Summary)

In reporting on the extension of the work, the secretary stated that there were 19 national organisations included in the Council; that since July, 1927, three member organisations had made important changes in their organisation which would affect to some degree their affiliation with the International Council of Nurses. There were eleven associated national representatives: Czecho-Slovakia, Esthonia, Greece, Iceland, Japan, Jugo-Slavia, Korea, Latvia, Sweden, Switzerland and Turkey. Two of these, Sister Emmy Oser, Switzerland, and Miss Mary K. Nelson, Turkey, had resigned.

Altogether, International Headquarters has correspondence with 58 countries, carried on in 12 languages. Thirteen committees have been at work, a large amount of the secretarial work for which is carried on at Headquarters.

The library is growing slowly. There are 55 national nursing magazines in existence. Complete files of three-quarters of these from their beginning are at Headquarters. The library also receives 50 current publications of special interest to nurses. Almost 500 Nursing, Text and Reference Books have been collected, with 100 on general information, and a small number of historical professional interest. There are sixteen languages represented in the library.

HEADQUARTERS.—The staff consists of the Secretary of the Council and two assistant secretaries, each member of the staff being of a different nationality. The average number of letters sent out each month is 400. A similar number is received. Many and varied are the requests for information, entailing much work, even research. An increasing number of State Departments request assistance, advice or information re nursing legislation and nursing education. Contact with the League of Nations, International Labour Office, International Red Cross Committee, League of Red Cross Societies, etc., is constantly being made.

Assistance has been given nurses re post-graduate experience abroad. In 1928, 100 requests were received from 8 different countries.

The council was represented at a great number of meetings, national and international, by members of the Board of Directors. Also, it was represented on a few exhibitions of a national and international nature.

With such a small staff only a limited amount of research work can be done.

PROBLEMS TO BE MET.—The budget in 1925 was $4,000, and increased to $5,500 in January, 1928. It was pointed out that the necessary budget would have to be $8,000 to cover routine work at Headquarters, as well as Committee work.

Also it will be necessary to provide an editor for the magazine, or editorial assistance, and a field secretary.

It is impossible to describe the activities of the Arrangements Committee in Montreal. The record of meetings held, especially after January 1st, gives only a bare idea of the plans requiring attention weeks and months previous to the opening of the Congress. The bulk of the work of several of the sub-committees was completed earlier than that of others.

As one studied the Programme one realised the work required before the advertising was secured. The Exhibits made one think of the correspondence carried on and plans made, and no doubt re-made, before booths were arranged and allocated. The Entertainment Committee was among those most anxious for fine weather; they were not disappointed in this, so that their many delightfully arranged affairs were thoroughly enjoyed, while the waiting motor cars with their I.C.N. insignia stickers recalled the hundreds of 'phone calls necessary to assemble veritable "fleets" required to carry the guests to one place or another.

The Transportation Committee's plans revealed well-thought-out arrangements. Finally, as one watched their operation as boat after boat and train following train were met, a welcome given, baggage secured and guests directed to their destination when previously arranged for, or directed to where accommodation could be obtained, one marvelled at this group of nurses' work.

The Publicity Committee's duties commenced early. Articles on Canadian Nursing in its various phases were secured and sent to all member countries. Later the Canadian Press was supplied with material for circulation throughout the Dominion.

The Housing Committee appointed to find accommodation for nurses attending the Congress was assisted tremendously by the Executive Secretary of the General Committee. More than 4,000 had reservation made before July 1st, and every effort was made to comfortably place later applicants. Each rooming house was carefully inspected before being listed as suitable. About 2,000 were accommodated in hotels, and quite

COMMITTEE ON ARRANGEMENTS, MONTREAL

Front row, left to right: Miss Frances Upton, executive secretary; Miss Tasse, representing French-speaking nurses; Miss Mabel F. Hersey, president Canadian Nurses Association and chairman; Miss Margaret Moag, transportation; Miss Esther Beith, registration; Miss Edith Hurley, housing. Back row: Miss Panet Raymond, representing French-speaking nurses; Miss Catherine Ferguson, exhibits; Miss Mabel K. Holt, entertainment; Miss Louise Dickson, secretary; Miss Olga G. Lillly, printing and advertising. Miss Jean Browne, finance, and Miss Ethel Sharpe, publicity, are not in the photograph.

a number made use of hospitality offered by the various religious sisterhoods in their convents.

As one listened to the plans being made for Registration one's amazement grew at the multitude of detail to be considered. The Registration Hall at Headquarters—the Montreal High School—presented indescribable activity during the first days of the Congress. The Committee had the assistance of several members of the Montreal Police Force, and a number of Scouts. Always there were twelve nurses, each with a stenographer and typewriter, on duty (day and night for the first days). The nurses of Montreal registered previous to July 6, in order that there would be less congestion for the visiting nurses. The Committee and its sub-committees' offices were open all day long at Headquarters, which had been made attractive with many plants, cut flowers and the I.C.N. "blue and white" wherever bunting was used. Flags of all nations blended their colours over the main entrance.

The Post Office Department and Transportation and Telegraph Companies kept offices open there.

Each country represented was provided with a class-room for the use of its nurses.

The commercial exhibits attracted large crowds, while the educational exhibits' corridors were filled all day and until closing time each evening. These latter exhibits were especially fine; it was to be regretted that space was so limited. A number are illustrated in this issue.

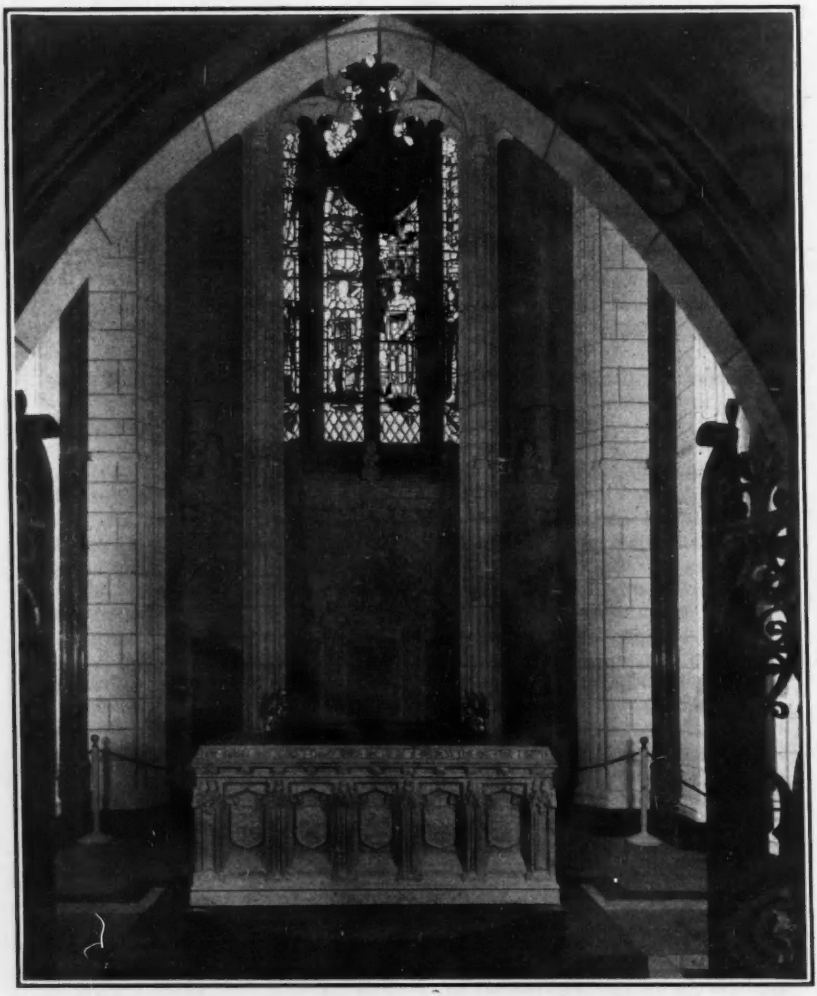
Transportation from the Forum was facilitated by the hotels having large motor buses ready each evening for their guests.

On Monday and Tuesday evenings, and at the Garden Party, the band of the Royal Highlanders of Canada, in their brilliantly attractive uniforms, supplied delightful music, while for the other two evenings the orchestra of the Canadian National Railways pleasantly entertained the audience while gathering together.

The evenings programmes were broadcasted and numerous messages of appreciation were received from those unable to attend.

The Montreal nurses were most grateful for the assistance given them by their fellow-citizens, none of whom helped more than large numbers of boys and girls in their attractive uniforms as Scouts and Guides.

MEMORIAL CHAMBER, VICTORY TOWER
PARLIAMENT BUILDINGS
OTTAWA



The Memorial Chamber, which is a small room on the first floor of the Tower, is a sanctuary of rare beauty and deep significance. The walls and the vaulted ceiling are of Chateau Gaillard stone, a present from the people of France; on marble panels around the walls is graven the story of Canada's achievement, surmounted by typical emblems and figures harmoniously grouped in neutral decoration. The three separate windows unite in the general scheme, displaying the ideals and principles underlying the Call to Arms, Remembrance and Peace. In the centre of the Chamber is the Altar, a massive stone ornamented with the Royal Arms, the Arms of Canada and of the Provinces, the gift of Great Britain. On this Altar rests the Book of Remembrance, in which is recorded the names of 60,000 Canadians who gave their lives in the Great War.

OTTAWA

By courtesy of the Canadian Pacific Railway and the Canadian National Railways the members of the Grand Council, International Council of Nurses, enjoyed a trip to Ottawa, the Capital of the Dominion, on Wednesday, July 3rd.

Upon arrival the guests were met by a large group of Ottawa nurses. Before leaving the station a representation of the City Council on behalf of the Mayor extended a civic welcome to the nurses. Miss Gage, President of the International Council of Nurses, made a brief and fitting reply. Leaving the station, the entire group went to Parliament Hill. In honour of the nurses, the carillon, high up in Victory Tower, pealed forth the National Anthem and Rule Britannia. On entering the Main Buildng each guest was presented to the Rt. Hon. W. L. McKenzie King, Prime Minister of Canada, who, in an inspiring address, expressed his admiration for the work being done by nurses throughout the world for "the relief of mankind in the great struggle of civilisation". Here again Miss Gage replied on behalf of the nurses.

The Canadian Nurses Memorial in the Hall of Fame was visited, and a number of lovely floral wreaths placed before it. The House of Commons, the Senate, the Library, and the Memorial Chamber were visited.

By courtesy of the Kiwanis Club, the nurses were driven to the Country Club, where they were entertained at luncheon by the Victorian Order of Nurses for Canada, presided over by Rt. Hon. G. P. Graham, President of the Dominion Board of the Victorian Order of Nurses for Canada.

On leaving the Country Club, the nurses were taken for a drive as guests of the doctors of Ottawa. Later, the nurses were entertained at tea in the various embassies. Visits were made to the homes of Sir William and Lady Clark; the Hon. William and Mrs. Philips; the Hon. Jean Knight; and to the Chinese consulate.

To complete what was to be a "perfect day" four hundred nurses attended a dinner at the Chateau Laurier, when the visiting nurses were the guests of District No. 8 of the Registered Nurses Association of Ontario. The president of District No. 8, Miss Gertrude Garvin, presided, and extended a warm welcome to the representatives of foreign countries. Miss Nina Gage replied briefly, stating the pleasure of the nurses in visiting Ottawa. Miss Mabel Hersey, president of the Canadian Nurses Association, also thanked the nurses of the Ottawa district for their hospitality, and for making local arrangements for the visiting nurses.

At both the luncheon and the dinner the Toast to the King was the only one proposed. The floral decorations for the dinner were beautifully carried out, huge quantities of delphiniums and foxglove being used, while each guest at the head table received a small corsage of red roses. The attractively designed menu cards made lovely souvenirs. At the head table were seated Miss Garvin, Miss Gage, Miss Hersey and the president or a representative member of each national organisation affiliated with the International Council of Nurses. Before the close Miss Gage called the name of each member country, in response to which all representatives present rose and were greeted with hearty applause.

A special train waiting to take the guests back to Montreal brought to a close much too soon a most enjoyable and memorable day—one which will live very clearly in the memory of each nurse who was privileged to attend.

General Values of Congress

REPORT OF THE SPECIAL SUB COMMITTEE OF THE COMMITTEE ON PROGRAMME

In attempting to summarise the general values of the Congress, one is tempted to bear down on the worn-out words—mutual understanding. For the first time, many of us have heard of the activities of our sister nurses, and are both surprised and thrilled to find the same general problems the world over, the same struggles and the same hopes—while others of us, to whom it is an old story, have rejoiced in meeting old acquaintances and hearing of progress since 1925.

The high spot of the Congress for most of us, was probably the colorful dramatic meeting of Tuesday evening, at which the five new members were received as members of the International Council of Nurses.

Mrs. Bedford Fenwick set as our aim for the next four years, the watchword SERVICE in recognition of the responsibilities the world is entrusting to our profession.

Miss Nutting, although unable to be present, sent us a message in her paper which should prove an inspiration to us in our daily work, when she said, "The one foundation on which the nursing of the future can be safely built is the educated minds and spirits of the nurses themselves."

Sister Bertha Wellin in her paper gave a message which we should all seriously consider, when she said, "The responsibilities of a citizen are inherent in a nurse's life. While nursing ASSOCIATIONS should avoid political entanglements, the INDIVIDUAL nurse should exercise her rights and assume the community responsibilities of a citizen in so far as her time and strength permit."

It is a compliment to our profession that Julius Tandler has seen in it, not only the cold facts of science, but the pulsing blood of life. His admirable paper has given us many points which we will all consider very carefully. Outstanding among these was the statement that social aid is based on exact knowledge, a science combined with art. Every specialised brand of social service, every step taken by the welfare worker, is grounded on scientific principles. The limit set to all social aid, however, is determined by the personality of the worker.

Very fittingly Dr. Biggar followed with the thought that our civilisation today is moved as never before by a great spirit of humanitarianism. This new concern for the welfare of mankind is seeking a new standard of universal health and adapting measures which will realise the ideal for all classes. No one can be more effective in introducing this new ideal to her fellow-citizens than the nurse, who possesses the knowledge both of caring for the sick and preventing disease.

In and out, like a scarlet thread, in the pattern of our programme, ran Mental Hygiene. There is no doubt at all, that before another Congress there will be great strides in our general knowledge of Mental Hygiene, mental nursing, and our own mental attitudes.

It seems to this committee an extremely significant fact, that out of thirty meetings at this Congress, only one was devoted to the actual practical nursing care of the patient. For one hour and a half, out of approximately seventy-five hours of meetings, the delegates studied new devices and adaptations in the bedside care of the sick. The only redeeming feature in the situation was that the auditorium where the demonstrations were held, was crowded to the doors.

The reports from the affiliated associations, the associate national organisations and other countries, brought out many significant facts:

16 countries reported progress in the educational standards of schools of nursing.

13 countries reported efforts to secure improved legislation for inspection of schools, nurse practice acts, and registration.

8 countries reported standardisation and publication of nursing text-books.

9 countries reported plans under way, or completed, for insurance and pension acts.

6 countries reported raising special funds for fellowships, scholarships, sick benefits, etc.

5 countries reported the establishment of a nursing journal.

16 countries reported development in public health nursing.

5 countries reported surveys, studies, or analysis of nursing conditions within their own boundries.

4 countries reported new national headquarters.

Nursing Education

A summary of the week's work at this Congress shows quite clearly, that the Programme Committee worked on the assumption that the education of the nurse is fundamental to all else. It is logical, therefore, to begin with Dr. Ryerson's admirably organised paper on the preparation of a curriculum. This paper raised animated discussion, as many of the nurse educators could not agree that nurses need "only a shadow" of the sciences such as Dr. Ryerson indicated, by allotting a very few hours to each. Much of this paper was received with approbation. Dr. Ryerson pleaded for the development of a deeply sympathetic and understanding relationship between nurse and patient, and warned us against the danger of adopting factory methods of efficiency in nursing. He also stated his belief that personality and industry may overshadow knowledge in the making of a successful nurse.

Professor Charters in his paper brought out the fact that through the use of job analysis the older professions have managed their curricula. Until recently nursing has been almost unaffected by this trend, but the present activities of the committee in the grading of schools of nursing give promise of initiative, vigorous and under spread forward looking developments.

It is with great interest that we note the three countries already making a beginning in this way—United States, Norway and Canada.

Legislation

Miss Musson in her paper reported that 95 countries and states have striven for and won legal recognition. Miss Musson concluded her study as follows:

> "The standardising of nurse training throughout the world is not, in my opinion, possible at the present time; nor will the establishment of even a minimum standard be possible for many years to come. But nothing but good can come from the sympathetic study of the conditions in all countries and having open and candid discussion at such meetings as these."

Miss Eldredge in her paper on State Supervision in Schools of Nursing, stressed the opinion that State Supervision should mean a general raising of the standards, and ultimately it should mean state aid for schools of nursing.

Private Duty Nursing

Private duty nursing was most ably presented in six papers from five countries. The papers and the free discussion indicated that the problems of private duty nurses were very similar in all countries, and that they are, in part at least, due to the lack of leadership and organisation, the difficulty experienced by the Programme Committee in finding speakers among those actively engaged in private duty, at the present time, being a case in point. Private duty nurses the world over, need the sympathetic co-operation of all other branches of the profession, solving the problem of hours of duty, income, and of competition from untrained and partially trained persons.

PUBLIC HEALTH NURSING

Public health nursing drew a large attendance of enthusiastic listeners. Among the truly inspiring addresses was that of Dr. G. B. Roatta, whose description of the scene at which Pasteur proved the value of his vaccine for sheep, will never be forgotten by those who heard it.

To those concerned with the joint duties of public health nurses and social workers, Miss Virginia Robinson's paper was very helpful. She believes that the work of the public health nurse is infinitely strengthened by a knowledge of social work, though a complete course in case work is impracticable. It was also stressed that in her social service effort, the public health nurse should remember that it is the patient who must be roused to reform himself—she cannot do the job for him.

The above summary is very superficial, but we have tried to present the most outstanding features of the programme. The Round Tables are not included, as this committee understands that each Round Table has been given the opportunity of reporting direct to the Congress.

For the planning of future programmes, the committee submits the following suggestions:

(1) THAT the Congress requires some reorganisation in order that effective work may be carried out during the week, and that it is felt that the large numbers attending the Congress, although indicative of growing interest in the work of the I.C.N., may, unless the Congress is reorganised to meet the situation, hinder the meetings from reaching practical results.

(2) THAT the general programme be less crowded.

(3) THAT Round Tables be increased in number to allow for smaller groups and more discussion; that they be organised under certain definite headings, programmes prepared and printed, simplified and summarised in resolutions; that resolutions concerning the subject of the Round Table be printed with the names of those who propose and second such resolutions.

(4) THAT a General Information Bureau be at the door of Headquarters, staffed by people who not only know the programme but the city and general arrangement of the Congress.

(5) THAT the Bulletin Board with classified headings be maintained by some one assigned to it.

(6) THAT the names of officers and chairmen of committees, with their Congress address, be posted at Headquarters for the information of the members attending the Congress.

(7) THAT the outstanding social function be held at the beginning of the Congress, in order to permit nurses to become acquainted at the beginning of the week's programme.

Countries represented at Congress: Australia 6, Belgium 9, Bermuda 2, Brazil 7, Bulgaria 2, Burma 1, China 13, Cuba 3, Denmark 8, England 125, Finland 33, France 19, Germany 4, Greece 1, Hayti 2, Holland 11, Hungary 1, India 2, Irish Free State 1, North Ireland 2, Italy 2, Japan 5, Korea 4, New Zealand 7, Norway 11, Philippines 5, Poland 4, Porto Rico 3, Roumania 1, Scotland 39, South Africa 7, Sweden 7, Switzerland 9, Jugoslavia 1, United States of America 3,034, Canada 2,822.

Summary of Reports

NURSING EDUCATION

I. INTRODUCTION.

The personnel of Committee: Convener, Miss Isabel Stewart, Professor of Nursing, Teachers' College, Columbia University, and a representative from each country connected with the International Council of Nurses.

One of the main functions of the Committee is to keep itself and the International Council informed on the general progress of Nursing Education in all countries, but especially in those countries which are associated with Council.

II. FUNDAMENTAL PRINCIPLES IN CONSTRUCTING A CURRICULUM FOR NURSING SCHOOLS.

"Before presenting these results, it may be well to explain that the original idea was to outline a curriculum embodying *minimum* standards for nursing schools. As the discussion progressed, however, it became evident that a minimum which could be accepted for the less advanced countries might be a handicap rather than a help to the countries which had progressed beyond that stage," etc., etc. "It seemed wise, therefore, to direct our efforts toward the outlining of an *optimum* rather than a minimum standard," etc.

"An optimum standard does not represent an impossible or impracticable ideal, but rather those conditions which have been found to be most favourable to the normal, healthy development of nursing students under the conditions that at present exist in most of the countries represented in the I.C.N.," etc.

A. The Kind of Curriculum to be Prepared:

1. An attempt to discover and apply some principles.
2. That any curriculum should be used as a guide and not as a law.
3. Opposed to the idea of a rigid and static curriculum, etc. "We believe that there are certain fundamental objectives which all progressive groups of nurses should be able to agree upon."
4. "We believe that we should keep before us the larger aims of nursing practice and nursing education."

B. Aims to be Realised:

1. To place nursing service and nursing education on full professional basis.
2. To bring the conception of nursing service to include nursing care of the whole patient, mind as well as body, attention to the whole environment, social as well as physical, prevention of sickness, etc.
3. This broader conception of nursing presupposes a more highly qualified type of nurse than the more routine type of nursing service.
4. It presupposes a higher level of educational work and a different type of educational process, etc.

C. What Should Go Into the Educational Programme:

1. Experience and subject matter should be based on present and probable future needs of the student, for the practice of her profession and not primarily on the immediate needs of the hospital for getting work done.
2. Essential that nurses should be prepared to work in different types of communities, etc.
3. Basic course should give good foundation for general practice and in the main fields.
4. Avoid waste in the basic preparation of the nurse.
5. Whatever is essential to the development of an all-around competent nurse should be provided in the training.

D. Organisation and Operation of the Educational Programme:

1. Educational programme should be carried out so as to encourage and not discourage the best standards of nursing practice.
2. Programme adjusted to physical and mental capacity of student group and to varying stages in development.
3. The three essentials in curriculum are:
   (*a*) The fundamental scientific principles which guide nursing practice.
   (*b*) The technical and social skills which constitute the art of nursing.
   (*c*) The humanitarian and professional ideals which determine the spirit and attitude of the nurse.

   Elements should be balanced in theory and practice, also correlate these.
4. Whole programme arranged in best learning order. Should be definite progress to higher levels and new and more responsible varieties of experience.
5. Equal opportunities for all students for a full, well-rounded preparation in essentials.
6. Definite continuity in fundamental subjects and experiences.
7. Proper distribution of class work, practical work and study.
8. Flexible curriculum makes possible its adaptation to individual differences in ability and educational background.

III. DUTIES AND RESPONSIBILITIES OF PROFESSIONAL NURSES.

Necessary to outline in more specific terms the kind of duties and responsibilities which the graduate nurse will be expected to undertake in the *general* practice of her profession: not the specialties, but the fundamental duties and responsibilities of nurse in all common fields of nursing. Duties and

responsibilities common to professional nurses in most countries and which nurses going from one country to another should be qualified to undertake. Outlined under two headings:

1. Types of cases and conditions in which the nurse should be prepared to give general nursing care:

(a) According to age, sex and social status.
(b) According to stage or degree of illness.
(c) According to type of disease.

2. Types of work to be done in the general practice of nursing:

(a) Duties concerned with keeping people well.
(b) General nursing care of sick persons.
(c) Housekeeping duties.
(d) Organisation and management of sick room or ward.
(e) Equipment and supplies.
(f) Food and diet.
(g) Medications and drugs.
(h) Therapeutic treatments.
(i) Observation of patients, reporting and recording.
(j) Social and personal adjustments.
(k) Teaching.
(l) Professional adjustments.

IV. Facilities and Conditions Necessary for the Establishment of a Good School of Nursing.

A. Importance of a Good Teaching Field:

Essential for nurses to obtain practical experience in hospitals with adequate clinical facilities and under conditions favourable to sound educational work. Those responsible in any degree for conduct of nursing schools should have clear understanding of conditions indispensable in any hospital which desires to undertake this important piece of work.

B. Type of Hospital to be Selected for Practical Experience:

Training schools are found connected with many types of hospitals: State, Municipal, Semi-Private and Private; General and Special; Acute and Chronic; under control of religious, military, philanthropic, educational and commercial organisations, and supported by taxes, voluntary contributions, endowments and patients' fees.

While possible to secure some kind of nursing experience from all these types, it is agreed that the hospital conducted for profit is not suitable for training of nurses. Agreed that general hospital is preferred to special, and hospitals of moderate size (200 to 600 beds), preferred either to very large or very small hospital.

C. Capacity of Hospital:

"It is strongly advised that the minimum for establishing a hospital school should be placed not lower than 100 patients in the home hospital."

D. Variety of Clinical Services Required for a Basic Training:

"Committee recommends facilities for medical, surgical, children's, obstetrical nursing (as distinguished from midwifery) where possible, communicable disease nursing and mental and nervous; care of men and women; active operating service; especial facilities for diet kitchen, teaching diets."

E. Financial Resources and Arrangements:

Committee believes budget essential, and a budget distinguished from the hospital's budget for nursing service. Strongly advises that in making adjustments (financial), emphasis should be put on the fact that the young nurse is a student and not an employee. Nursing schools should be put on the same self-respecting economic basis as other forms of professional education. State and public authorities to realise responsibility for contributing to and maintaining nursing schools just as they do schools for teachers, etc.

F. Staffing:

After excluding all nurses engaged in teaching, supervising, operating, out-patient work, etc., committee believes that the ratio of one nurse to four or five patients is reasonable and practically essential during the hours when the ward is most active, a larger number of nurses being assigned to pediatric, psychiatric and private wards. Most favourable conditions where there is a suitable graduate staff of at least one head nurse or sister, one graduate staff nurse to each ward of 30 or 40 patients during the day and at least one graduate to every 100 patients at night. For hospital as a whole ratio of graduate nurses to student nurses approximately 1 to 4.

G. Proportionate Emphasis on Housekeeping:

Routine domestic work should not be required after the first six months at the latest.

H. Hours, Vacations and Night Duty:

Committee strongly recommends 8-hour day, 6-day week. Vacations should be at least one month each year, not omitting final year.

I. Housing and Living:

Residence should be separate from the hospital. Nurses should have the privacy and quiet of individual rooms.

J. Relation of School to Hospital:

Opinions vary. "Whatever these relationships may be there are two indispensable conditions: adequate financial support and freedom to develop the work of the school."

K. Organisation:

Whether an integral part of the hospital or separate foundation, the primary purpose of the school should be educational. Should have training school committee. Functions of such a committee or board to study needs of school as an educational institution and to see that it has the necessary staff, etc. Secure and authorise the expenditure of funds.

L. The Administrative and Teaching Staff of the School:

Must combine the qualifications of executives and educators, must have experience and education along both lines in addition to their

professional qualifications as nurses. Following offices are found:

1. Head of school, whatever her title, should have direct communication with the Board of the Hospital. Should submit regular reports.
2. The head should have usually two or more assistants, assistant matron, assistant superintendent, etc.
3. Supervisors or Oberschwester as distinguished from head nurses or ward sisters. Importance of their teaching cannot be over-estimated.
4. General duty nurse. (Staff or floor nurses.) Select for nursing ability and for potential executive and teaching ability.
5. Sister tutor, instructor, etc. Work is largely teaching in the class-room. Status equal to that of assistants.
6. Lecturers on medical subjects, dietetics, social service, etc. Should be paid.
7. Clerical Staff. Provision also for library service and for health care of students.

V. Standards for Admission to Nursing Schools.

Students must be selected for fitness for nursing.

A. Preliminary Education:

Committee agrees that the prospective students should be in regular attendance at a good school at the age of 17 or 18. Education should be of broad, general character, with emphasis on cultural rather than on technical subjects.

B. Intelligence:

Intelligence tests should be used when possible.

C. Age:

Minimum varies from 17 to 21. Committee recommends 20 as minimum, maximum 35.

D. Health:

Secure students who are physically fit, require physical examination once a year thereafter. Mental health of even greater importance.

E. Character and Personality:

VI. Educational Programme.

A. Length of Nursing Course:

Committee agrees three years should be considered general period to be recommended.

B. Division of Time:

Period divided into first, second and third years, certain part of first year set apart for initiation of student. Admitted in groups and not more than two groups in one year.

C. Ratio of Theory to Practice in the Course:

Committee agrees on proportion of one hour of systematic formal instruction to ten hours of practical experience.

D. General Scheme of Practical Instruction:

E Preliminary Period of First Term (practice in various departments)	4 months
E General Medical Nursing	6–8 months
E General Surgical Nursing (including Gynecology, Orthopedics and Operating Room)	6–8 months
E Children's Nursing	3–4 months
R Obstetrical Nursing	2–4 months
R Nursing in Out-Patient Department	2–3 months
Elective or Special Services, such as: R Mental Nursing, R Communicable Disease Nursing, R Eye, Ear, Nose and Throat Nursing, R Community or Public Helath Nursing	3–6 months
Vacations	3 months

(Night duty is included in the above assignments.)

E. General Scheme of Class Instruction:

	Minimum hours	Maximum hours	Recommended hours
1. Elementary Sciences.			
E Anatomy (sometimes given as separate subjects and sometimes combined)	30	90	60– 90
E Physiology (sometimes given as separate subjects and sometimes combined)			
R Bacteriology (sometimes includes Parasitology)	5	50	20– 40
R Chemistry (sometimes includes Physics)	0	60	20– 40
E Personal Hygiene (sometimes includes Sanitation)	10	50	10– 20
R Psychology (usually includes some mental hygiene and pedagogy)	0	30	15– 30
2. Nursing Arts and Clinical Subjects.			
E Nursing Principles and Practice (usually given in an elementary and a more advanced course including housekeeping or domestic economy, bandaging, rubbing, simple occupations, etc.)	30	160	90–140
E Dietetics (including normal nutrition, invalid cookery and dietotherapy)	30	64	40– 60
R Materia Medica and Therapeutics (including the preparation and use of disinfectants, the action of common drugs and other therapeutic agents, such as light, electricity, etc.)	0	45	30– 45
R Elements of Pathology (an introduction to the causes and nature of disease, discussing common tests, including simple urine analysis)	0	40	10– 15
R Case Study (an introduction to the study of individual patients from the standpoint of nursing care and nursing records)	0	15	10– 15
E Nursing in General Medical Diseases	10	30	20– 30
E Nursing in Communicable Diseases or Fever Nursing (including Tuberculosis, Venereal Diseases and Skin Diseases)	10	50	20– 30
E Nursing in General Surgical Diseases	30	50	20– 30
E Nursing in Surgical Specialties (including Gynecological, Orthopedic and operating room nursing or theatre work)	20	30	20– 30
E Nursing in Children's Diseases or Pediatric Nursing (including child care and infant feeding)	5	30	20– 30
R Obstetrical Nursing (distinguished from midwifery, but including the nursing phases of midwifery)	5	30	20– 30
R Nursing in Mental and Nervous Diseases (or Psychiatric nursing)	5	30	20– 30
R Nursing in Diseases of the Eye, Ear, Nose and Throat (including oral hygiene)	5	15	10– 15
R Emergency Nursing and First Aid	0	22	10–15
3. Ethical, Social, Historical and Professional Aspects of Nursing ("The Humanities")			
E History of Nursing, E Ethics of Nursing (Sometimes given together and sometimes separately)	10	90	20– 30

R Survey of Nursing Field and Professional Problems	0	30	20- 30
R Modern Social and Health-Movements (sometimes called social economy, social legislation, social medicine or public health—may include epidemiology)	0	50	20- 30

F. Main Stages of Preparation:

1st Stage—The Novice or Beginner.

2nd Stage—The Semi-Trained or Junior Nurse.

3rd Stage—The Senior Nurse, who might be called a "pre-professional" or an assistant to a graduate nurse.

H. Records:

Of great importance that correct record should be kept of each student and the courses she has completed. Should be evidence that the student has completed all parts of courses specified.

VII. Standards of Teaching and Teaching Facilities.

A. Teaching Facilities:

1. Class and lecture rooms should be well lighted, well ventilated, quiet and comfortable, with blackboards and other standard teaching equipment.

2. The teaching of both the nursing sciences and the nursing arts require facilities for demonstration and for individual student practice and laboratory work. Without such equipment and the opportunity to make our teaching concrete and practical, it is estimated that at least a half of the value of our class or lecture work is lost. A laboratory (which means simply a work-room) for the teaching of practical nursing is essential. Another laboratory should be provided for the teaching of cookery and dietetics and one for the teaching of the elementary sciences.

3. Illustrative materials in the form of charts, models, pictures, lantern slides, etc., are of great assistance in presenting a subject in a clear and interesting way and in helping students to remember. A resourceful teacher will be able to improvise and collect such materials at little expense.

B. Methods of Teaching:

1. The character of the teaching should be equal to that in other professional and technical schools. It should be systematic, organised, scientific instruction, especially adapted to the needs of the nursing group, and such as to stimulate thinking and develop skill in nursing work.

2. This means that teachers should themselves be persons of good fundamental education, well-informed on the subjects they attempt to teach, and, if possible, with some special training in teaching. The nurses in charge of the practical teaching in the wards and other departments of the hospital should be specifically prepared for their important teaching duties as well as those who teach in the class room.

3. The largest share of the teaching should be done by nurses, since they understand better the needs of student nurses, are more continuously in touch with them and can apply their teaching better. The sciences can be taught satisfactorily by nurses if they are specially trained for this work. Distinctly medical subjects should, however, be taught by physicians and specialists as far as possible. In clinical subjects such as medical nursing, obstetrical nursing, etc., it has been found that better results are usually secured where a physician (or surgeon) and a nurse divide the work between them, the one discussing the diseases and their treatment and the other the practical nursing measures used in those special conditions. The physicians and nurses selected for such teaching should, if possible, supervise the student's practical work in the the same clinical branches.

4. The lecture method has been used to excess in most nursing schools. While it has a place, class discussions, demonstrations, clinics, etc., very often bring much better results. The case study method is one of the best methods for teaching nurses to observe their patients and to apply the principles they have learned to the actual nursing care of patients. It should be introduced as soon as the students have finished their first term's work and should be developed by those in charge of the practical teaching in the wards.

The Committee plans to outline briefly the general content of the practical experience in medical nursing, surgical nursing, etc., and also the subjects included in the programme of class instruction. It hopes also to round out some of the points which have been discussed too briefly in this report.

Another problem which has been referred to the Committee is the definition of the term "trained nurse" and "trained graduate nurse" as used in the constitution of the I.C.N. A report on this subject will be submitted later.

Public Health Committee

Questionnaires Sent Out in the Latter Half of 1926. Returned in 1926 and Early in 1927.

Questionnaires sent out	19 Members	30
	11 Associates	
Returned	17 Members	24
	7 Associates	
Not returned	2 Members	6
	4 Associates	

Not returned: Members—China, India

Associates—Czecho-Slovakia, Japan, Jugo-Slavia, Switzerland

Incomplete, as stated on return: Canada, France, Turkey

THE INFORMATION GIVEN BELOW WAS OBTAINED FROM THE FOLLOWING COUNTRIES:

Belgium	Italy
Bulgaria	Irish Free State
Canada	Iceland
Cuba	Latvia
Denmark	New Zealand
Esthonia	Korea
Finland	Norway
France	Poland
Germany	South Africa
Great Britain	Sweden
Greece	Turkey
Holland	United States of America

Public Health Nursing, as it stands to-day, still in the process of evolution, grew, in a number of countries, out of a District Nursing Service. This was the case in Great Britain, where it was started in Liverpool in 1859 by Mr. Rathbone, and in Sweden, Denmark and Latvia, where it was started by the Deaconesses between 1860 and 1870.

Canada dates its beginning of public health nursing from the establishment of the Victorian Order of Nurses in 1897; while in a number of other countries the start was made with Child Welfare work; examples of this are Finland, 1904; South Africa, 1908; and Greece, 1919. Other countries began with tuberculosis nursing, as for example, Cuba in 1909 and Bulgaria in 1914.

TOTAL NUMBER OF PUBLIC HEALTH NURSES IN THE VARIOUS COUNTRIES

The number varies—from a few nurses in Bulgaria, Iceland and Korea, to 1,200 in Holland, 10,000 in Great Britain, and 12,000 in the U.S.A.

PUBLIC HEALTH NURSES ARE ENGAGED IN

Visiting Nursing
Child Welfare Work
School Nursing
Tuberculosis Nursing
Industrial Nursing
Mental Hygiene
Hospital Social Service.

By far the greater number are doing visiting nursing and Child Welfare Work. In some countries a fairly large number undertake tuberculosis nursing, while Mental Hygiene and Hospital Social Service have not yet begun. This is true in countries where nursing on modern lines has only been begun within this present century.

EDUCATION OF THE PUBLIC HEALTH NURSE

The preliminary general education of the public health nurse seems to be somewhat unsatisfactory. The U.S.A. is the only country where four years High School is generally aimed at. Belgium, Bulgaria and Cuba require some secondary education, whilst all the other countries seem to build mainly on a primary education, although it is almost universally stated that students with secondary education are given preference.

In regard to the professional education, Canada, Cuba and the U.S.A. require full training; the Irish Free State states that 99% of its public health nurses are full-trained. Examples of the percentage of full-trained nurses in other countries are: Belgium and Great Britain, 75% New Zealand, 65%; Norway, 60%; Italy, 35%; Finland, 33%.

POST-GRADUATE COURSES IN PUBLIC HEALTH NURSING

A number of countries have courses in Public Health Nursing. In the United States and Canada a number of such courses are connected with the different universities. Cuba, Finland, Great Britain, Holland, New Zealand and South Africa, have courses of varying duration (2 to 12 months) connected with various institutions or organisations. Some of these courses teach only the specialties, such as Child Welfare Work or Tuberculosis. Others offer courses in General Public Health Nursing.

The percentage of nurses who have taken such courses vary; the percentage in the U.S.A. being comparatively small, where the number of nurses is large; in Canada, 50%; in Finland, 88%.

In Bulgaria and France the training in public health nursing is included as a part of the basic general training.

PUBLIC HEALTH ORGANISATIONS

In practically all of the countries public health nursing is undertaken by official agencies, state, county, city, or by voluntary agencies, private, endowed, religious, Red Cross, and others.

TYPE OF WORK DONE

The work in most of the countries is both generalised and specialised.

Specialisation is most common in urban work, and generalisation in rural work. In the U.S.A., however, a generalisation is predominating. Specialisation is most common in New Zealand and Poland. In Bulgaria, Cuba, Esthonia and Iceland practically only specialised work is found.

HOURS OF WORK AND VACATION

The weekly hours of work vary in different countries between 30, 33, and 35, which are respectively found in Italy, Greece, Cuba and South Africa, to 60 and 65, which are found in Norway and Iceland, variation being found within the countries themselves.

Vacations range from ten days (Great Britain and Italy) to six weeks (Belgium, Norway, South Africa and Irish Free State).

PROMOTION

In the countries with a great number of public health nurses there are satisfactory possibilities for promotion (U.S.A., Great Britain, Canada). In the countries where the great body of the nurses work alone, Belgium, for instance, promotion is difficult.

In other countries, of which Denmark is an example, there are very few administrative positions available.

In almost every country responding, public health nursing is growing in importance and scope.

Convener of Committee, Miss Mary S. Gardner, Director, Providence District Nursing Association, Providence, R.I., United States.

Mrs. REBECCA STRONG

Mrs. Strong was for forty years Matron of the Royal Infirmary, Glasgow, Scotland. Following the Congress Mrs. Strong spent several weeks in the Canadian Rockies. While at Banff she celebrated her eighty-sixth birthday.

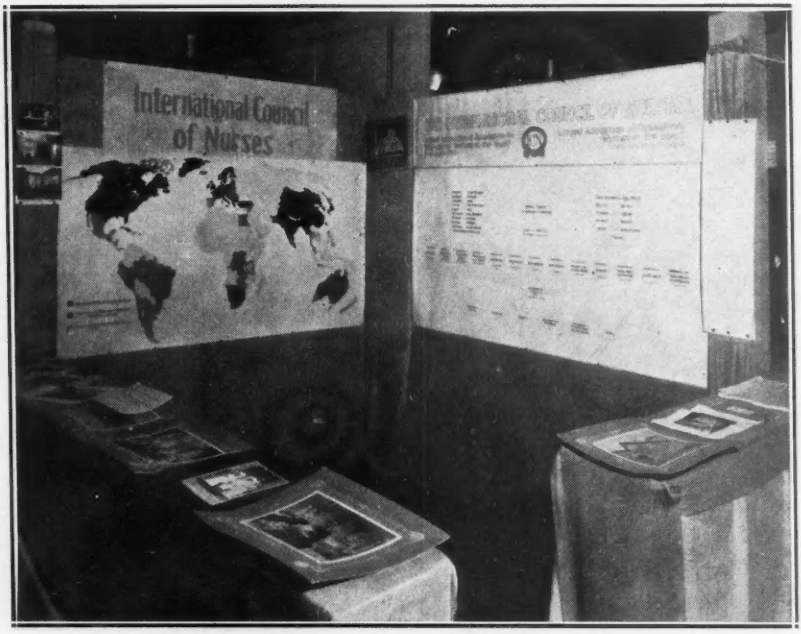
Exhibits

Among the many interesting exhibits in addition to those illustrated on the following pages were: The Canadian Tuberculosis Association; the Canadian Council on Child Welfare; the Victorian Order of Nurses for Canada; the Metropolitan Life Insurance Company; the Hotel Dieu, Montreal; the Canadian Red Cross Society; the Province of Manitoba, and a second exhibit from the United States.

All exhibits were most interesting, many showed the different nursing services in the countries represented. The International Council of Nurses exhibit illustrated the Council's development throughout the world. The National Council of Nurses, of Great Britain, had been able to arrange for their exhibit to include a number of personal belongings of Florence Nightingale, which she had used in the Crimea; among these were a Bible, a black silk costume and bonnet with a black lace shawl, a grey wool shawl and an agate cup.

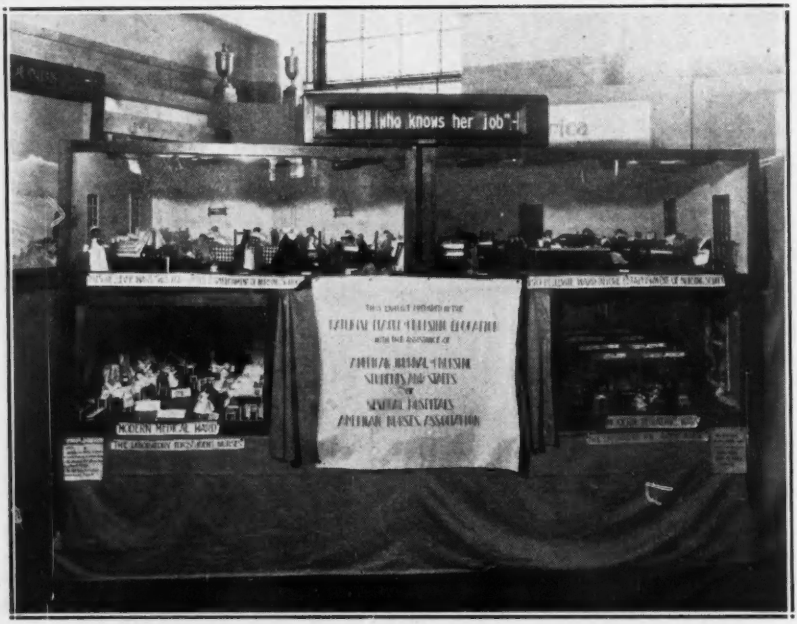
Large numbers visited each day the attractive dolls in uniform, the maps, graphs, photographs, charts, records, ward equipment and nursing appliances, many of which had been brought long distances to contribute to the interest and success of the Congress.

The progress made in the care of the patient and the evolution of the nurse of fifty years ago to the present day, was most effectively illustrated as part of the exhibit from the National League of Nursing Education, United States.



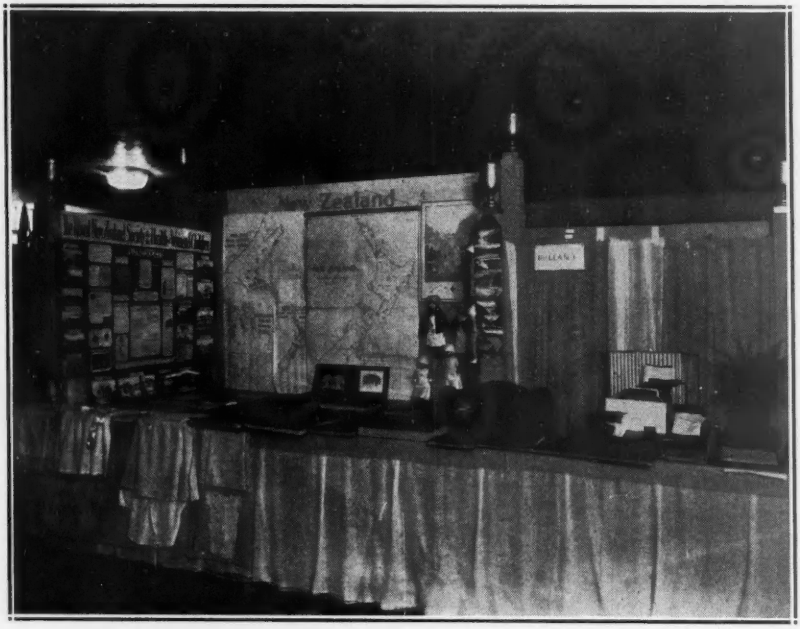
INTERNATIONAL COUNCIL OF NURSES

GREAT BRITAIN



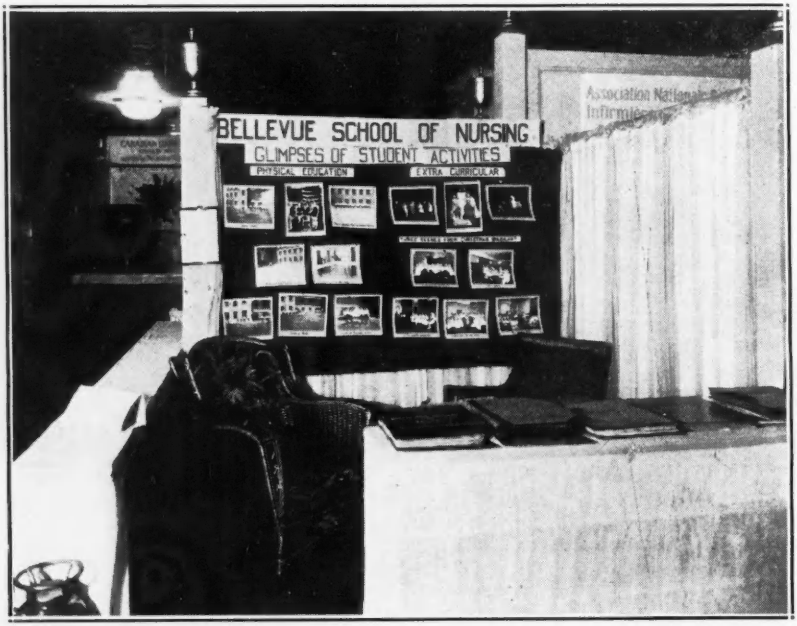
UNITED STATES

CHINA DENMARK JAPAN



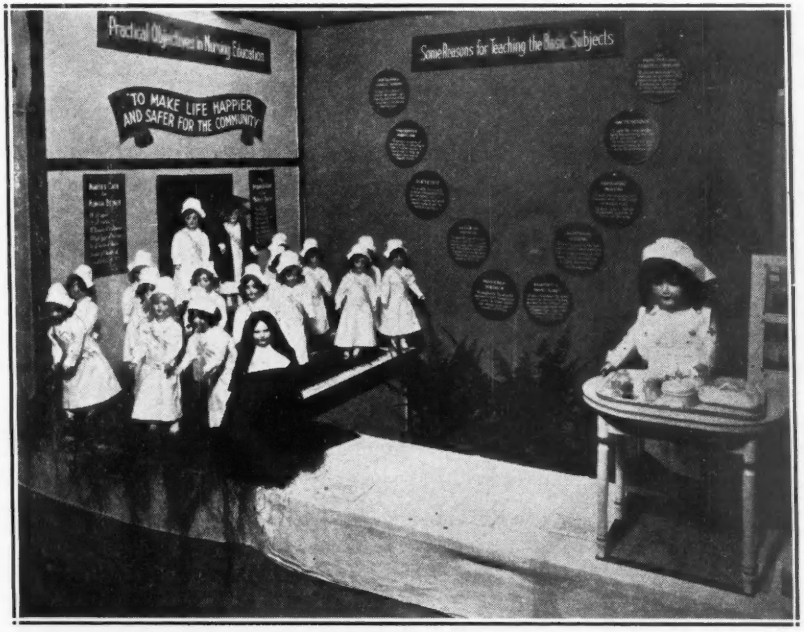
NEW ZEALAND HOLLAND

SOUTH AFRICA



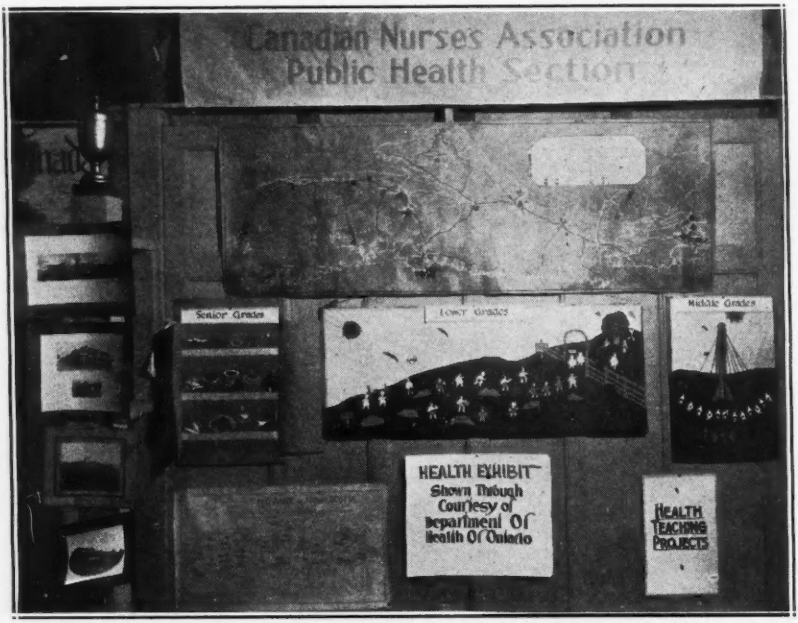
BELLEVUE SCHOOL OF NURSING

SHRINERS' HOSPITALS FOR CRIPPLED CHILDREN

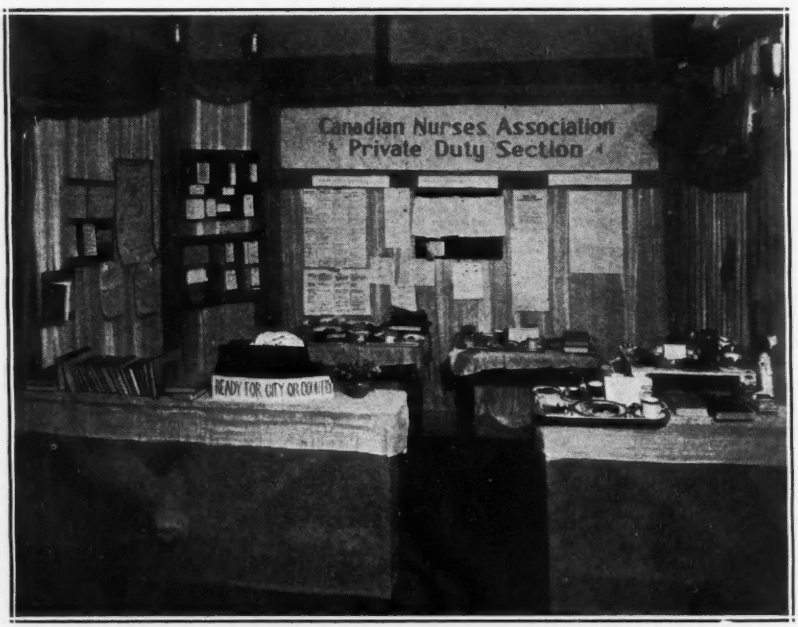


NURSING EDUCATION SECTION, CANADIAN NURSES ASSOCIATION

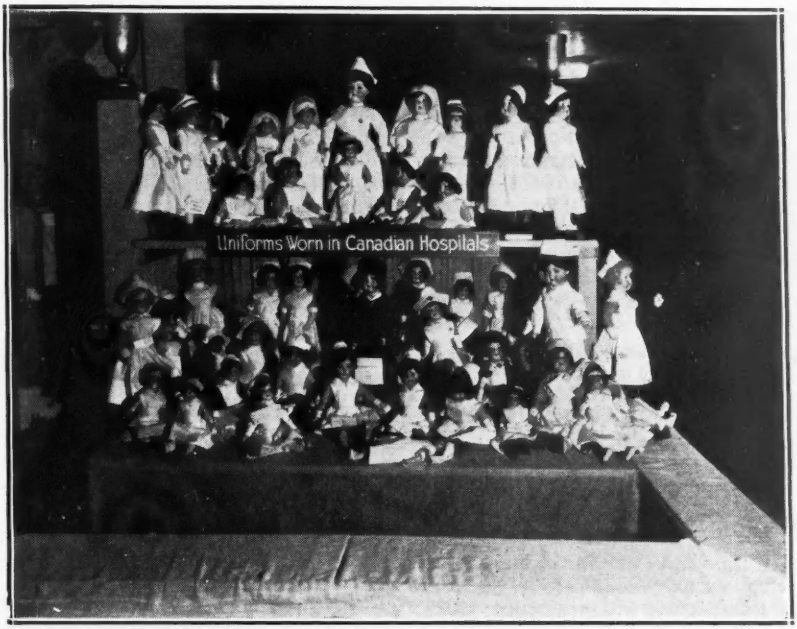
NURSING EDUCATION SECTION, CANADIAN NURSES ASSOCIATION



PUBLIC HEALTH SECTION, CANADIAN NURSES ASSOCIATION



PRIVATE DUTY SECTION, CANADIAN NURSES ASSOCIATION



CANADA

DEPARTMENT OF PUBLIC HEALTH, TORONTO

PRESIDENT'S ADDRESS

By NINA D. GAGE

This is the thirtieth Anniversary of the founding of the International Council of Nurses. In 1899 in London, Mrs. Fenwick sounded the call, and individual nurses from six different countries joined with her and the Matrons' Council and founded our International Council.

It is fitting that at this, our thirtieth Anniversary, we remember first some of those who helped build us, but have now gone ahead and left to us the responsibility not to let the lamp grow dim, but keep it ever brilliant to light our profession on its path of works for and with others toward the help of our fellow men.

We miss from our ranks many who have given us valiant help in the past years and whose absence means much loss, personal and professional.

Baroness Mannerheim, who guided us so graciously and skillfully through the last Congress in her beautiful and cordial country of Finland, whose splendidly organised nursing we should have found it difficult to see without the "Open Sesame" of the International Council, has gone before.

Schwester Agnes Karll, another former president, and also a perpetual Honorary President of our Council, whose work helped so very greatly not only the International Council of Nurses but also the German nurses, in her early years, is no longer with us.

Flora Madeline Shaw, whose help at the last Interim Conference at Geneva meant so much to us, and whom we had hoped would welcome us here in Montreal, greets us in spirit, and has set us an example of constant, cheerful, friendly co-operation with others which meant much in her own work and will mean much translated into ours.

Anna C. Maxwell, one of our foundation members, always ready with advice when wanted, still strengthens us as we study her life's work.

Grace Neil of New Zealand, and Mina Mollett of Great Britain, founder members, leave us a great deal to be learned from their example of hard work and clear thinking.

In 1901, in Buffalo, was held the first meeting of our Council, still with no organised nursing associations affiliated, since there were not enough of such associations in existence. We are glad to have some of our foundation members with us at our thirtieth Anniversary, to watch the work of their hands and see the changes and progress which have come in thirty years. The first president, Mrs. Fenwick, in her address at Buffalo, put the emphasis on work, and the necessity for organisation. Among other things discussed at that Conference were many for which we are still striving.

1. What Shall Constitute the Trained Nurse?—The "job analysis" is still being made in places, and would seem very necessary before the best method of preparing anyone for a job is worked out, before better curricula can be decided. Much of this will of course have to be done by each country individually. Basic requirements for bedside nursing are the same the world over, but details vary as equipment varies. Other avenues of "helping the patient to live" open to the nurse as her community finds her aid valuable. In America there are some sixty-five of these avenues opened. In China the nurse has not yet been asked to do so many things. But that is small wonder since even the word "nurse" in the Chinese language is only fifteen years old. Demands on the profession are growing, as you will see from the reports they will present later in the Congress. Other nations are finding the same thing true. We shall hear much of interest in the next few days.

2. STATE REGISTRATION has been achieved in many places, and registration by the Nurses' Associations has been made a substitute in other countries where government action does not seem advisable or possible just yet. Protection of the public from danger, and of the good name of our own profession are being attained, and will, we trust, become universal before many more Congresses are held.

3. LOCAL AND NATIONAL ORGANISATIONS of nurses were being urged thirty years ago, and in more and more countries are coming into being nowadays. As soon as even a few nurses are present, they begin today to form associations and prove that "in union there is strength." In China before there were more than two or three Chinese nurses, the association was formed, and the ground work laid, ready and waiting for them. Now there is the happiness of seeing the Chinese come into their own, and we have the joy of a Chinese President, Secretary, Treasurer, and several delegates to the Congress, instead of a single one as at the last Congress at Helsingfors. We have Chinese taking active parts in association work, and thus learning how to take their part in the world's work.

4. PROFESSIONAL MAGAZINES have been started in most countries where there is the slightest organisation, and grow as the profession becomes articulate. They are an excellent means of promoting free discussion, and expression by the members of the profession.

5. ARMY NURSING was well demonstrated in the last war and has proved its value for serious work over many of the attempts of the Voluntary Aid Detachment. The question was very acute thirty years ago, following the Spanish-American and the Boer Wars. In at least one country at the present time an army school of nursing has grown up with higher standards than the average of schools, and graduating into our ranks a most desirable element.

Other subjects of discussion at that first Conference show less progress than these just mentioned. Codes of ethics have been discussed and discussed, but very little has been organised into formal statement. Some pronouncement of principles would be very useful and helpful not only to ourselves, but to the public who need to know the principles upon which our actions are based, so that they may distinguish before too late between the real and pseudo members of our profession.

Uniform requirements for schools of nursing and uniform curricula are among the things being studied by our International Education Committee. They will probably prove difficult to promulgate, in our present stage of development. So much must depend on local needs, thought, opportunity, equipment, not only physical but mental, that only minimum necessities can ever be uniform. The study of the Education Committee as to how much such a minimum can cover will be most illuminating.

PROGRESS IN THE LAST QUADRENNIUM

Since our last Congress at Helsingfors we have made history along certain lines. First might be put the establishment of INTERNATIONAL HEADQUARTERS, already beginning to serve as a clearing house for information on nursing matters throughout the world. Our wide awake and capable secretary has made us known in Geneva and many other places, made our professional capabilities respected, and informed others of our activities.

OUR LIBRARY should grow much larger, but beginnings have been made. With the efforts of each one of us, references will be added, and the library become a centre of nursing literature and for study and research in nursing questions such as should be valuable for the future improvement of our profession.

OUR MAGAZINE many of you know, and many more can become acquainted with it from the sample copies shown at this Congress. How our Secretary

finds the time to edit it, among her manifold other duties, is a puzzle, the answer to which is known only to herself. None of us can afford to be without at least one copy, if we are to keep abreast of the latest issues and most important problems in our profession as they arise. And we should also subscribe as an assistance to our International Council. The proceeds from increased subscriptions would go toward the salary of someone to help our Secretary, who so greatly needs aid in the office. The editorship of the magazine alone, such a magazine as she has made it, would be a full-time task for most of us, with all the translation necessary. But this is only one of the things which she accomplishes.

THE NEW CONSTITUTION, adopted at Helsingfors, has proved a splendid basis on which to work, and only minor changes proved desirable at this time. We are certainly grateful to the committee which worked on it so untiringly to present at Helsingfors.

Two years ago, in Geneva, was held the INTERIM CONFERENCE, which aroused interest, since we had delegates from thirty-four countries, one more than at Helsingfors. It gave us much inspiration, and introduced many of us concretely to the League of Nations, since they received us, and talked over with us some mutual problems. We had a chance to meet many of the Swiss nurses who helped receive and entertain us, and some of whom are with us today. Our Secretary did most of the organisation for the Interim Conference. We owe her very much, with Conferences, magazine, headquarters, information, encouragement, assistance in all sorts of nursing problems throughout the world. Without her we should be nowhere near our present stage of development. We must find some way to give her help. She could make many interesting studies, and help the profession greatly by her research, if she could be freed from some of the routine duties. This is one of our greatest organisation problems, which must be solved soon before Miss Reimann's health gives under the strain.

And now, thanks to the generosity of the Canadian nurses, we are meeting here in this beautiful city of Montreal, the first place where nursing became known on this side of the world. China still regrets exceedingly that circumstances beyond the control of the nurses made it impossible to receive us there this year. But the Revolution is bringing about a better country, where nurses will find it much more possible to make themselves useful, and we hope that before too many more Congresses the Nurses' Association of China will be able to repeat its invitation. Meanwhile, the Canadians have been working valiantly and have prepared in only two years the welcome which we are finding all around us. We cannot be too grateful to our hostesses, and can show our gratitude not only by our appreciation now, but by our translation of inspiration into action on our return to our duties.

The problems before our profession are many and great. I shall not dwell upon them, because Miss Nutting will present them so much better tomorrow night. But they need clear thinking and much study. How can we enroll better students in our schools? How can we better prepare them for their work? What changes are necessary in our schools and our organisations to enable us better to serve our communities? Many so-called schools are not real schools, and must be reorganised and get money for endowment, as Miss Nightingale's school did.

The hours of work of most nurses in many countries are too long to permit the best care of patients, because of the fatigue entailed upon the nurses. We should re-read the discussions of the 1912 Congress of our International Council at Cologne, and bring these things before the public.

Through all our problems runs the scarlet thread of our ultimate object, better care of the patients, whether in home or hospital, ill or being prevented from becoming ill. To us this is self-evident. We are never quite happy when divorced from the patient. We

prefer night duty because it keeps us closer to the patient without irritating, though necessary, red tape and daytime formalities. Fifty-four per cent of us, in America at least, and probably more in other countries, prefer private duty to other forms of work, because there we have the patient without so many outside disturbances. It is a thrilling thing to see him improve under our administration, or to see him follow health teaching, and escape becoming ill. We prove that we like these contacts by the way we keep to them. We are unhappy when someone asks those of us in an executive or teaching position why we are not nursing. We do not like it, when, in our attempts to improve the education of our pupils, and therefore their preparation for their job, we are asked the frequent question, "Who is to nurse the patient if you keep on pushing up requirements?" We become impatient at other people's lack of understanding of our purpose. Yet is not some of the misunderstanding our own fault? Have we shown outsiders clearly enough why we want to lift ourselves up from the apprentice stage, why we feel the need of better preparation? Few of us are like our pioneers, Florence Nightingale and some of those of whom we have spoken today. We cannot educate ourselves, make our own correlation between practice and the necessary scientific basis for our better care of the patient, as they did. Therefore we, and they, too, recognise the need of better schools, and opportunity for further study after graduation, study in schools and hospitals. But just because it is so self-evident to us, and because we do so little talking, we give a false impression to the public that we are trying to get away from practical work. This false impression I have seen in America and China, and some signs of it in other countries. I would warn those of you where it has not yet happened to learn from those of us where it has, that more enlightening of the public is necessary, more emphasis on the reasons why we want to improve preparation, and more showing of results. One school among us with the best of modern preparation is now sending out its first graduates, who are turning to private duty and bedside nursing because they appreciate the importance of that work and the opportunity given by it for saving their fellow men. Make this clear to the community, prove that with better preparation you will give better service, and the public will support you.

In this way to win the co-operation and assistance, moral and financial of the people round about us toward our better preparation, is one of our most necessary and pressing tasks today. On our success depends the possibility of keeping the interest and support of our public, and so our work for our patients and neighbours, and thus for our country. We must make them feel our deep interest in their welfare, physical, mental, spiritual. And so our co-operative work becomes again individual, and we act and react on each other. May we prove the value of better preparation and organisation, not only professional organisation for the discussion of our problems, but community organisation for putting us in touch with our patients, as Finland in 1925 showed us their community organisation for child welfare. Organisations like these will so improve our care of our patient that the public will see and know our aims, and how we realise them, and they will feel and know that our patients and neighbours are the centre of our thought and effort, sympathy and feeling. In this way we shall be able to translate our principles into action, and move forward with a united front according to our Constitution through our world-wide organisation to "ever higher standards of . . . public usefulness of our members."

The Watchword . . . Service

By ETHEL G. FENWICK

From the foundation of the International Council of Nurses it has been a laudable custom to give a Watchword which shall be the working motto of the Council from one meeting to another; Work, Courage, Life, Aspiration—each in turn has served to unite the Members of the Council in a common endeavour.

Miss Margaret Breay, S.R.N., F.B.C.N., Associate Editor, The British Journal of Nursing, who in the absence of Mrs. Fenwick, Founder of the International Council of Nurses, read The Watchword and acted for Mrs. Fenwick on the Grand Council.

WORK—The task of building up National Councils of Nurses in every land, the result of which you see before you in this great Congress.

COURAGE—"All progress is strife to the end," and the nurses of many nations assembled in this hall know that to effect the organisation of a profession, in the face of opposition, pioneers who dare to stand alone need to take their courage in both hands. Much has been done since this Watchword was given in 1904 to raise the standard of nursing, to organise nurses, and, consequently, to improve the care of the sick. It has required Courage.

LIFE—To proclaim that health and happiness are synonymous, to teach fearlessly that the well-spring of life must be pure—to contaminate it a crime; and that the life-giving elements are the common rights of the community. Here, too, the work of the Nursing Profession is resulting in many directions in fuller life.

At our Congress in Cologne in 1912, I gave as our Watchword ASPIRATION, and invited our affiliated associations to translate it into accomplishment during the next triennial period, especially in one particular: "Do not let us allow the inspiration of our Conference to evaporate in sentiment. We need to capture, concentrate and utilise it as a compelling force in the upraising and resultant happiness of all things sentient.

The Watchword which I have chosen for our next quadrennial period—SERVICE—links together all the others in a common purpose. We are happy that our profession is a vocation of unlimited opportunity of service to the world at large, and wide sympathies, knowledge, kindness, tenderness, all are needed to meet the demands of our daily work.

Since the first Watchword was given the large majority of nurses have not only become professional women registered by the State, but they are enfranchised citizens whose duty it is to aid in the acquisition of knowledge with the aim of promoting a high standard of National Health, for upon physical advancement and health the whole social evolution of mankind is dependent.

In the development of this social evolution it is the high privilege of the Nursing Profession to play an honourable and indispensable part, and for this to be effective the nurse must first study and keep in her mind the normal standard of health. It should then be her constant endeavour, by precept

and practice, to bring all with whom she comes in contact to approximate to this standard, and to give skilled care to those who fall below it, so that they may be restored to the normal standard at the earliest possible moment.

The most precious possession of mankind is health; it should be the heritage of each one born into this world; its impairment is inevitably a handicap in the race of life, and it should be a reproach to any nation if the health of its people is below that attainable.

It is the mark of a profession, and more especially of a profession such as Nursing, which is concerned with the service of humanity, that its members are ever on the watch for a wider field of Service.

Half a century ago a nurse's choice of a career was practically restricted to general hospital nursing, private and district nursing. Now the door stands wide open. Opportunities are unlimited.

In the Public Health Service, including maternal care and infant welfare, the great services which care for our sailors, soldiers and airmen, the care of mental and infectious diseases, and prison, industrial and insurance nursing, the nurse's services are eagerly sought. Educational posts include the Sister Tutor, and in journalistic and secretarial positions in connection with Nurses' Organisations the Registered Nurse is indispensable.

And we may glory in the knowledge that this great increase of opportunity is ours because of the faithful service, in such restricted spheres as were open to them, of those who have gone before, that its value was so recognised that the desire for it became more and more insistent. The reward of our service, and the measure of its success, has been the ever-increasing call for a rising quality of service.

Each generation has its own peculiar problems. The foundations of our profession have been well and truly laid, minimum standards of nursing education have been defined, the nurses of today have come into their heritage of legal status and an assured position in the body politic without effort on their part. Their problem is how to render "true and laudable service"—to meet the constantly increasing demands upon their organising ability, skill and kindness—and the one without the other is largely discounted—so that they shall not fail the public who rely upon them, so that they shall serve one another in their organisations loyally, willingly and with energy.

How is all this to be achieved? Yours is the problem: I leave it with you, knowing that you will not fail your generation, but, like your predecessors, will strive to develop your chosen profession, and to raise it to a still higher plane.

Lastly, permit me to remind you that on the lips of Solomon's "virtuous woman," whom we do well to take as a model, was the law of kindness. The world is athirst for kindness. Offer it in abundance, just acts of grace. Little unremembered acts like jewels, tiny jewels, in a larger setting which we can all win and wear—the Crown of Service—a Crown for ever ennobled, because of its association with a Crown of Thorns.

The Future

By M. ADELAIDE NUTTING, M.A.,
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Before the immensities of this title one may, I trust, be pardoned for faltering, and for taking the liberty of modifying it to something of a less venturesome nature; to an attempt instead to consider briefly the educational foundations we are making for the future of nursing.

"The Communion of Saints," says our most modern of philosophers, Alfred Whitehead, "is a great and inspiring assemblage, but it has only one possible meeting place, and that is in the present. The present contains all that there is. It is holy ground, for it is the past and it is the future."

The present does indeed seem "holy ground" as we gather in this city of memories; a city whose archives preserve, and whose beautiful statues enshrine the story of the heroic deeds nearly three centuries ago of Jeanne Mance, the founder and first nurse of the Hotel Dieu; a city which has watched the endless throng of devoted women, long of one faith, now of many faiths, who have followed where she led the way. We can still catch the glow of the flame which inspired them in the generous lives and labours of the nurses of today.

A study of the past can tell us a good deal about how we have reached our present stage of growth and development, and it is easy to trace in various phases of these, throughout the years, the ideas and efforts of those among our predecessors who were constantly searching for better ways, and constantly labouring to bring them into being.

In trying to see what kind of a future is in the making for nursing and for nurses we shall need not only to know existing conditions but to know also something of conditions in the past, in order to understand the nature of the influences which have shaped the present. Let me pause here to say that while the subject in its elements is of the gravest importance in the development of nursing anywhere, I must necessarily limit my discussion to the conditions in the United States with which I am most familiar.

A distinguished educator thus describes three successive stages of growth through which the professions usually pass. The first stage is *expansion*—more schools, more students — this makes inevitable the second stage, that of *standardisation* —set up standards and enforce them as far as you can. Then follows the period of criticism—the educational effort must justify itself by its results. Nursing is still expanding, still trying to create its standards, and is very much engaged in critical study and analysis of its work and education system. But before there was any professional education, there was the still earlier stage of *apprenticeship*. This still exists widely in nursing though not elsewhere, and nursing is therefore peculiar in that it seems to be struggling along in all four stages of growth simultaneously.

The writer describes nursing aptly as an *emerging* profession—unquestionably professional on its highest level, but not completely so on its lowest.

Let us glance at the picture which nursing presents today. It is an impressive one in numbers—there are hundreds of thousands of nurses in the working world, and they form, next to teachers, it is said, the largest existing body of professional women. Impressive also is their field of work; the vast ranges of human effort concerned with the relief of suffering, the care of the sick, and with the protection of health among the people.

This vital field is so varied, so continuously expanding, that at times it seems almost to defy limitation.

The complex mechanism of the modern hospital cannot move without an organised body of nurses. To carry on its unceasing activities they must be here, there, everywhere—at the bedside, in the operating room, in clinic, in laboratory. There are those who nurse, those who supervise nurses, and others who are responsible for the direction of all nursing in every department of the hospital, day and night—the hospital, indeed, seems to belong to this body of nurses—to be its natural home. In many hospitals this nursing service is also a school for the training of nurses—the duties just outlined are performed by student nurses, the supervisors are their teachers and the superintendent of nurses combines her executive task in the hospital with the administration of the school and assumes the educational duties which it involves.

By far, however, the larger number of sick people are not cared for in hospitals—they must be nursed in their own homes; and since no two households or individuals are alike in their needs or demands, since the crisis of sickness sets up in each troubled domain its own special requirements, it is inevitable that this sphere of nursing should be peculiarly exacting. It is an important and difficult field of ill-defined duties and responsibilities and of delicate personal adjustments. It calls for the judgment that comes from knowledge, and for sympathy born of understanding. More than half of all nurses, it is said, are engaged in this work of private nursing families.

The early idea of nursing was the care of the sick, but Florence Nightingale had a different conception of the meaning of the word, and pointed out that there were nurses of the sick and nurses of health, and today it is recognised that the successful growth of the public health movement has become dependent, in essential ways, upon the activities of such workers, now called public health nurses. Their energies are centered mainly in efforts to prevent sickness, to detect disease in its incipient stages, and bring it under medical care at a time when it can be controlled, and their tasks call them to such points in the social structure as offer the largest promise of fruitful results. They are thus occupied in thousands, and their lines of work are interwoven between homes, public schools, clinics, factories and shops, and in increasing numbers in the health departments of city and state.

This meagre presentation of the field of nursing does little more than barely outline the three main branches of work in which nurses are now universally engaged, and as we consider the seriousness of their nature, the unusual and varied conditions under which they are carried on, the responsibilities they involve, and the amount of knowledge and understanding required, we are impressed anew with the extraordinary difficult problem which the educational preparation of such a body of workers presents. It has always been and is today, the great problem in nursing.

Up to a recent period the only preparation available in most countries for any branch of nursing, was that provided in hospital training schools, and this is still all that most nurses can obtain. There are, however, certain nursing schools conducted under independent auspices, of which noteworthy examples are found in France and Italy, but these are few in number.

These hospital schools exist in thousands. They represent an established system in which the essential characteristics are alike throughout in each institution, a system which places schools of nursing in the position of hospital departments, responsible for the conduct of all nursing activities. The educational ideals of

these schools are shaped to conform with such hospital activities, and their growth and development are, in the main, restricted to the opportunities lying within the spheres of the hospitals with which they are connected, or with other hospitals of special types.

That the close connection of nursing schools with hospitals is indispensable in the training of nurses may be taken for granted; we can see no rational scheme for the education of nurses in which hospital training would be any less essential or important than it is today. We would, in fact, make it more important; but we can also see, that long before this there should have been proper safeguards erected to protect nursing schools from the complete subjection to hospitals into which they have fallen: from becoming the proprietary schools which they now are almost universally.

The Chancellor of a prominent American University, in a recent discussion of the education of nurses, pointed out that nursing exhibits the only profession left in which the student is looked upon as a source of profit. Inherent in the system that permits this lie almost measureless possibilities of exploiting student-nurses in the service of the hospital: the only check upon this must come from the conscience of the individuals directing their activities; the system itself provides none.

But people transcend the systems they create, and in the hands of women of exceptional ability, courage, and devotion, and under the better and more generous type of hospital administration, schools of nursing have slowly been brought to a notable point of efficiency. The needs of hospitals have been unfailingly met, and the public provided with an ever-increasing number of nurses of a high level of skill and competence. Moreover, in a good many schools a fine spirit of idealism has prevailed. Time does not permit me to review the long struggle of these women to build up in their schools a satisfactory system for the education of nurses; to establish suitable standards of fitness for admission; to work out and maintain adequate courses of instruction; to secure funds for the payment of teachers and lecturers; to shorten the hours of duty for students in the hospital; and to reduce for them the burden of unsuitable and educationally unprofitable tasks. I can only repeat that the progress made under the conditions has been remarkable.

At the close of its long and searching study, the Committee on Nursing Education, in the most important report ever made on the subject, could only say, "It is a progress made in the face of indifference, negligence, and of active opposition from those who should have been the first to encourage it . . . a progress moving squarely against the vested interests of hospitals long in control of the destinies of nursing education."

A justifiable expedient of early days, in keeping with the conditions and needs of the times, this system has survived for over a half-century, and still lives in an era with which it is strangely out of harmony. In all this long period no change in the position of the nursing school in the hospital has ever been effected. It is still without independent life of its own, without funds, with little freedom to initiate or change educational policies or methods, and burdened with heavy responsibilities and routine duties in the service of the hospital. As the medical director of one of our leading hospitals said to me recently, "The School of Nursing is the backbone of the hospital." To paraphrase Strachey, "The string by which the school is tied is sometimes long, but it is always tied." Confronted with new problems in the education of nurses, whose widening fields of work made new demands upon their knowledge and capacities, our schools have, for the most part, found themselves powerless to make

the necessary readjustment of ideas and methods. An interesting example of this is seen in their efforts to develop an adequate scheme for the preparation of public health nurses.

It has long been recognised that a system so fundamentally wrong in principle should not endure, and for years the subject has been the theme of discussion and controversy. Much has been said to show the necessity of securing for this large, active and rapidly growing profession, freedom to develop its schools in conformity with the changing requirements in an ever-changing world. To those who have given the most serious study to the question, it has become increasingly clear that such freedom could only be gained by separating the school from the hospital, and transforming it into an institution concerned wholly with the education of nurses, and provided with the form of government and resources which would best enable it to carry out that purpose. But the practical advantages of retaining the existing relationship of nursing school to hospital have proved so great, and the practical difficulties in the way of creating and maintaining independent schools have seemed so insurmountable, that progress has been slow.

Nevertheless, progress in this direction has been made. Gradually a new element has entered into the situation which has resulted in a co-operation between schools of nursing and other educational institutions, and has brought to the education of nurses certain necessary resources and facilities which hospitals could not provide.

Early traces of such co-operation appear in the efforts years ago, to secure for student nurses some elementary instruction in the sciences, as a foundation for the later hospital training. The early "Preliminary Courses" were provided in institutions entirely unconnected with hospitals. But the first strong impetus in this direction came from an effort some years ago by a group of superintendents of nursing schools to prepare themselves for their educational responsibilities. Though they were all teaching or directing teaching, few of them had any preparation for such work, and they sought and obtained opportunities for the needed further study, in a well-known college for teachers of a great university.

A few years later another great forward stride was made and a school of nursing was established in an important state university, on the same basis as other professional schools, with the creation of a special degree for its graduates.

These mark the first stages of the new movement in the education of nurses, which has brought it within the realm of university activity and is awakening much general educational interest. It has opened up for nurses the wealth of intellectual opportunity long freely open to students of many other professions and occupations; for those who would be doctors, dentists, pharmacists, for engineers of many types, for teachers, social workers and business men or women. While the movement began in this country, and has reached a stage of considerable importance both in the United States and Canada, it has extended into other countries where certain promising beginnings are being made.

The relationships through which universities and colleges are combining in the education of nurses are of different types, ranging from the independent, endowed nursing schools of which Yale and Western Reserve University afford conspicuous examples, and the endowed graduate department of Teachers' College, Columbia University, to affiliations of various kinds in which nursing schools may gain for their students opportunities to secure through properly equipped teachers, laboratories, libraries, the needed knowledge. These affiliations include not only universities and colleges, but such other educational institutions as may be able to co-operate satisfactorily.

Already the vitalising influence of these new relationships upon the education of nurses are seen in many ways. The most important, of course, appear in the larger number of more highly qualified women entering our schools; they appear further in the whole range, scope and character of the instruction offered; in the larger significance given to the entire scheme of hospital activities, and the new meanings they take on. The conditions of student-training are improved, there is a different kind of supervision; hours of hospital duty for students are shorter, and more graduate nurses are provided to make this possible. It is of the advances in this respect made in a university school that its director can write, "Our school is really supplementary to the nursing staff."

The co-operation of the university with the hospital makes easily possible the opening up of a whole new field of post-graduate t r a i n i n g, hitherto educationally undeveloped, in the special branches of nursing in which highly trained workers are so sorely needed.

Finally, and of the utmost importance is the influence exerted on the public mind. People are taking more interest in the educational needs of nurses. All substantial endowments for these have, I believe, been given to schools of nursing connected with universities.

"The task of the university," says Whitehead, "is to weld together imagination and experience." Its combination with the hospital in the education of nurses seems an almost perfect adaptation of that idea, serving at once to strengthen, to energise, to enrich and to deliver it from some of the benumbing effects of continuous routine. We are too near the event to appraise and evaluate truly the changes that are taking place, but what appears to be certain is, that we are in the midst of a liberalising movement in nursing — something destined to set free the mental and spiritual energies of nurses, and to permit them to flow into new and wider channels of usefulness to human beings, into better care for the sick, better protection of the well, better and more hopeful lives for the nurses themselves.

To the question therefore that may arise, how far can we go in these efforts to add the resources and powers of universities and other educational institutions to the opportunities and experience of the hospital; to obtain for nurses freedom for educational development in their own field of work, I must answer unhesitatingly, just as far as is possible. Believing as I do that universities, and all educational institutions, as well as hospitals, exist for the service of the people, I would see that service furthered by placing schools of nursing among the professional schools of the universities of this country and of other countries as far as existing conditions would make that relationship a practically wise measure.

And I would see it furthered by every effort to enlist the aid of other institutions capable of providing for the training of nurses those essentials which the hospital alone proves unable to supply.

The movement in this direction will set its own limits, but to the application of the principle of freedom in education for which it stands, there are no such limits. And to uphold this principle is quite within the power of most hospitals of such standing as would justify their participation in educational work. It is within their power to work out and establish a different form of organisation for their schools, and a kind of government securing for them freedom for the proper development of every phase of their legitimate work. It is within their power to co-operate in efforts to obtain resources for the conduct of their schools, and to create an informed public opinion on this most important subject. May we not

venture to assure hospitals that they will gain and not lose in such a sharing of power and responsibility?

I am sorry to leave untouched some of the important questions in nursing which must in the future be answered, and will call for exceptional knowledge, ability and courage. The grave problem of unemployment, which is now very serious in many sections, is perhaps the most pressing of these at the moment. But this is in part an outcome of the educational questions which we are considering here.

My discussion this evening has been centered upon one issue—the need for providing for the nursing of the future an educational foundation, of different character from that upon which nursing in the present is built. We lay that foundation when we ensure as far as we are able, that those who follow us shall be women who can bring to the changing problems of the future a good measure of intellectual capacity, and that the schools in which they are trained shall be given freedom and resources to strengthen and develop such capacities. The need for intelligently educated nurses will not diminish in any future of which we can conceive, but there can be no final conception of the right education for them; this must be a steady evolutionary process.

No one of us knows what the future may hold. It is beyond any reckoning of ours. But living as we do in an era when scientific discovery is transforming the world, when "the elements are changing visibly before our eyes," we can hardly fail to see that nursing so intimately bound up with the deepest necessities of human beings, must share the changes which affect them. The systems, methods and institutions we cherish today may fade and pass, but the developed mind and imagination of future nurses must be equal to the task of creating new ways, new ideas. I know but one foundation upon which the nursing of the future with all its inspiring possibilities can be safely built, and that is the educated minds and spirits of those whose work it will be.

The Scientific Method in Social and Health Work

By N. JULIUS TANDLER, Professor of the University of Vienna; Health and Welfare Commissioner of Vienna, Austria

Social relief and social welfare are modern manifestations of the very ancient human instinct to give help, for the readiness to grant human aid is as old as human civilisation itself. At the outset the granting of individual assistance was based on the law of love of one's neighbour and on religious precepts. The modern tendency towards collective action, a feature of present-day society, has given legislative effect to the will to help, and has led to the adoption of legislative and scientific principles to govern the granting of assistance. What was voluntary has become obligatory and the generous impulse of the individual has given way to regular practice based on exact principles. The whole system of relief in the modern state and in modern economy has become nothing less than a matter of administration in the field of demography. The aim and the object of demography are the management of the organic capital represented by the human beings in a community. If this capital is to be wisely administered, to be preserved, to be in certain circumstances increased and improved in quality—we must apply a system based on economy, more especially on human economy. Instead of the individual act springing from a kind-hearted impulse, we now have an administrative system covering the whole human order and, since to every system of administration exact principles are essential, social care and welfare are strictly derived from exact premises. Logical action is the result of similar premises.

Since, therefore, exact or scientific welfare methods are under discussion I must first of all be permitted to say a few words about welfare itself, that is to say, about organised, practical and economic methods of help. May I be allowed to introduce this subject by drawing a comparison? One of the oldest and most esteemed branches of social care is that of medical aid. It began by being of a strictly personal character and then its practice became based on tradition and later on science. Medicine in the widest sense of the word is the result of this evolution. Medical science furnishes the principles on which medical aid is based and this science lies in the hands of the medical profession. Science alone, however, does not suffice, for medicine is more than science; it is both an art and a science, so that a doctor is not only a scientist but something of an artist as well. For in every sphere in which man is brought face to face with his fellow-beings the extent of his influence is due not to the amount of his scientific knowledge but to the greatness of his art; for the creative artist is one who awakens the dormant soul of humanity.

The entire scheme of social aid is thus based on exact knowledge, and has in the course of recent years developed along such lines; yet it is something more than a science—it is in fact, like medicine, science combined with art. The welfare expert or social worker, to whatever category he may belong, must, if he is to be efficient, be something of an artist. This necessary combination of qualities explains the fact that so many are called and so few are chosen. Called upon to speak on exact methods in social and welfare work, I must begin by stressing the fact that while such work is grounded on knowledge it is nevertheless artistic in character.

Now, what are these exact premises? They are, firstly, a clear understanding of the social, economic, ethical, educational and medical circumstances which ultimately and finally

make human beings need outside assistance. From the very multiplicity of needs it follows that no single branch of study can be regarded as an end in itself, if the well trained and enlightened expert in social aid is to meet adequately the demands made on him. Social questions are the subject of a particular branch of human knowledge, and social work requires scientific knowledge of purely economic matters. The social worker must, for instance, be acquainted with the trend of the international labour market. He must be versed in the causes of unemployment and the laws governing the unemployment curve. To be an efficient social worker he must know the relation existing between work and wages, and must understand industrial law and labour contracts. Of the utmost importance too is a knowledge of social legislation and it is essential that he should be well versed in that subject. He must understand thoroughly the laws governing unemployment insurance, accident insurance and the whole system of sickness funds. He must know that our modern social work in all its branches is founded on certain definite ethical conceptions. Responsibility on the part not only of those granting assistance but also of those seeking assistance is an essential condition. A proved state of necessity must be morally presupposed, if we desire to keep social welfare from degenerating into ill-advised philanthropy and becoming an instrument for breeding paupers.

Wherever social welfare is applied to the young—and helping young people is not only the most fruitful but also the most difficult branch in the whole scheme of social welfare—a knowledge of education is essential. The problems of the sub-normal child, of juvenile delinquency, of mental deficiency and of congenital physical deformities must be grasped; and finally, intimately connected with this, there is a certain amount of medical knowledge—not, of course, the pathology and etiology of the different diseases, which are solely and always the business of the medical man. The social worker must, however, understand the social meaning of tuberculosis, alcoholism and venereal diseases. He must be aware of the factors underlying increased or reduced birth and mortality rates, should he wish to take his share in the task of managing the organic or human capital.

It will be seen from these brief references how many scientific data require to be mastered. This does not mean, however, that the social worker should be able to act as Sick Fund or Insurance Society official, as master of a school or to engage in healing and clinical activities as a doctor. Such work must be left, first and last, to officials, teachers and medical men.

It is not, however, the principles of social work alone which must be acquired scientifically; the daily activities of all social workers also must be founded on an exact basis. In accordance with this twofold aspect scientific methods will now be examined. In doing so we shall have to give a few details concerning the various types of social activity.

Every branch of welfare is ultimately and finally, as already stated, nothing more or less than the putting into practice of the science of demography, and this, as has already been said, is nothing more than the administration of an organic capital. The organic capital itself, however, is composed of the human beings of all classes living within a state or community. In every administration we see responsible heads — men and women whose duty it is to carry out the purpose of the organisation in accordance with certain views and within the limits of present legislation, on behalf of the community. They represent, as it were, the spirit of the administration and it is their task to infuse this spirit into the entire organisation.

It is quite another matter with the executive officials whose task it is to carry out orders and who are subordinate to one another. For the leaders of the movement principles are of first importance, and it is prejudicial to leadership when the man at the head of affairs concerns himself with administrative details; on the other hand, the breaking up of the great collective ideas into separate individual functions is the duty of the lower grade members of the administration. To take a simple instance; it will be recognised as a matter of course that the director of a welfare department in a state cannot take a direct interest in the management of a single welfare institution, and it is equally obvious that he cannot interfere with regard to individual social assistance any more than a hospital director or an eminent doctor can be expected to worry about details of nursing technique. Scientific principles should be similarly classified. The head of a welfare department must not only have precise knowledge of the facts of demography, but must share certain definite views on the subject; for there are various currents in this field of study which influence and dominate not only the spirit, but also the practice of social welfare.

May I be allowed to go somewhat more fully into this question, which is important as regards the whole scientific direction of a scheme of social welfare? The question of population politics is as old as civilisation itself, and has fluctuated of course in various districts and at different epochs. Every nation, in the course of its history, has sought to claim the largest possible extent of territory, and has soon been led to the conclusion that such a claim can find support only in mere mass of population. That is why each nation wished to increase its population. When, as we read in the Bible, Jehovah said to the Jews that they would become as numerous as the sands of the sea, the statement was nothing less than a promise in the field of demography, which has indeed not been fulfilled. The object of this type of population politics is concerned with *quantity*, and I have therefore called it "*quantitative* demography." In modern times, on the other hand, it might properly be called "imperialistic." In quantitative demography the relation between the birth and death rates becomes a matter requiring the most precise scientific analysis, in which all action should take its rise.

Should a population expert believe that the predominant factor is not to be sought in quantity, but in proper living conditions for each member of the community, and in his cultural development, he will direct his attention chiefly to an improvement in *quality* of the human beings for whom he is responsible. I have called this point of view "*qualitative*" and social in contra-distinction to the term "imperialistic."

Here, too, as in every other branch of politics, it is clearly not a question of the opinion or the will of single individuals; prevailing general conditions only count and are of first importance. I should like to quote an instance in support of this. Until the recent war, all European states without exception pursued an imperialistic policy as regards the population question. The number of people, or strictly speaking, the size of the army, was the all-important factor. All efforts were directed towards bringing about an increase in the population. The number of soldiers was calculated for ten and twenty years in advance. At the end of the century a fall in the birth rate occurred throughout almost the whole of Europe and the state of nervous tension resulting from this was undoubtedly partly responsible for the outbreak of the Great War.

The inevitable and progressive fall in the birth rate and the technique of modern warfare, with its masses of mechanical apparatus and war-

machines, have convinced politicians, and population experts as well, in all European countries, that the strength of battalions will not be the decisive factor in future warfare. Imperialism still persists in spite of all disarmament conferences, but qualitative demography has gained ground at the expense of the quantitative standard, and we now witness a constantly increasing desire to secure better conditions for the future life of nations —greater care for the young and a conscious effort to influence their general outlook.

These are fundamental principles with which men and women engaged in directing schemes of welfare work must be acquainted if they are to do their business properly. The policy advocated by leaders obviously finds expression in the executive. The continual attempt to persuade women to have as many children as possible has been abandoned; nowadays the policy is to assist all expectant mothers and maternity cases and to devote special care and attention to every child born. The scientific training of child welfare workers is the expression of this policy, and it is perfectly natural that the training of the social worker should also include the management of maternity clinics, the manner in which welfare centres for mothers should be conducted and the importance of behaviour clinics, and so on. It is easy to understand why schools of social work now lay special emphasis on the teaching of these subjects.

The individual has gained enormously in value; the general interest has become focussed on his care and his maintenance. However paradoxical it may sound, the war has, by cheapening human life, raised its value. With a view to applying these scientific principles to the different branches of social work, a whole series of schools, formerly quite unknown, has come into being, e.g., schools of social work, schools of nursing, for kindergarten teachers, and so on. In all of them the fundamental scientific principles of social work are taught in a thousand ways and with very varying methods.

The increased value of human life has also led to widespread campaigns against diseases which had long been recognised as the social scourges of civilisation—all the more so since epidemics of acute infectious diseases have been almost entirely stamped out. This explains the increased attention at present devoted to the fight against alcoholism, tuberculosis and venereal diseases. In this field also medical knowledge alone is inadequate, for these three social scourges are important rather on account of their social-political aspects. Centres for combating drink, venereal disease and tuberculosis require a staff of social workers, who in their turn must be trained on scientific lines.

As already stated, science is of fundamental importance not only in the training of welfare workers but in the exercise of their daily duties. Careful observation of economic and political conditions will never cease to influence the opinions and activities of those who direct the welfare movement in the different countries.

It is quite another matter in the case of the individual executive. He will indeed feel the reactions of important events, although their logical causes are unknown to him; yet in spite of this, every step the social worker takes has, or at any rate should have, some scientific reason. I should like to illustrate this point also by a few examples. Every kind of social relief, whether on behalf of the aged or the young, must inevitably develop into family relief. The family is and remains not only the biological germinating cell of the social body, but is also the cell of this body to which we are constantly forced to devote our attention. When, therefore, a child welfare worker has, for some reason or other, to undertake the care of a child, such a case is not in itself one of poverty or misfor-

tune, but is merely an indication of family poverty or misfortune; thus it becomes the duty of the welfare worker to look after the whole family. Here the scientific method begins with the study of the case history, which must precede case diagnosis. Case history must also start on a scientific basis if a cure is to be effected. The mere inquiry into case history, the questions put to the persons concerned, involve knowledge of a series of different subjects. Each question and each answer must serve a definite technical purpose. Each question, therefore, must be psychologically clear if the answer is to be socially true. Case diagnosis rests on logical conclusions drawn from premises established by case history.

For this purpose, the social worker must not only have the gift of observation, he must also have a large amount of theoretical knowledge, which must, if needs be, find practical application. To recognise unemployment as the cause of family poverty is very easy, but to differentiate distaste for work from lack of work is often very difficult. The problem becomes much more complex when material difficulties are enhanced by those of a psychological nature. Incompatibility of temperament in parents is far oftener the root cause of difficulty in the upbringing of children than any innate anti-social instincts in the children themselves. Here it is often not at all easy to differentiate between the faults of the parents and those of the children. Many cases of child neglect become at once easy to diagnose when antagonism between the parents based on erotic or sexual causes can be brought to light.

The same remarks apply to all forms of "cure." This should, as far as possible, be etiological and aim therefore at removing the cause of the evil. A cause such as the unemployment of the father of a family may prove under certain circumstances very difficult to deal with. Relations with unemployment centres or labour exchanges are essential in this case, and that is why it becomes necessary for the welfare worker to understand, to a certain extent, the trend of the labour market. She must notice present crises in the labour market so that she may direct the father to the right quarter. Procuring employment for the head of the family is the obvious and normal step, but one which it is at present often impossible to take. It represents, if you choose, the real and proper "cure."

Unemployment must also be treated in other ways. By placing a young child in a kindergarten or home during the day, the welfare worker can often enable the mother to save and maintain the family by her earnings. For this purpose also some special knowledge is required. In another case, the placing of a sick child in a nursing home or the help of a sickness fund may relieve the family burden and increase the mother's chances of finding work. The welfare worker must therefore know at any rate the simplest facts concerning sickness insurance and sickness funds if she is to succeed in effecting her "cures."

Thus every step taken by a welfare worker in a case of this kind is seen to be grounded on scientific principles. The cases referred to above are of frequent occurrence, but are still comparatively simple ones. Much harder to solve are those cases of difficult children combined with parental drunkenness, and so on. The welfare worker who looks after a child becomes finally the confidant of the family and should, in all situations and circumstances, stand by the side of the family as adviser and helper. The innumerable complications of modern life make constant demands on the exact knowledge of such a confidant.

We have up to the present discussed child welfare workers, and will now review in brief the duties of the

worker in another field of welfare activities. In earlier times it was invariably the mother's duty to rear and educate her baby. She may or may not have been a suitable person for the purpose. The greatly increased strain thrown on the individual by modern civilisation and present economic circumstances have often revealed the incapacity of the mother to fill her part. Years ago men like Pestalozzi and Frôbel recognised this individual inability and gathered children about them, seeking to educate them in kindergartens. The system has been extended and there has arisen not only the psychology of childhood but, as a logical consequence, an educational system wholly confined to the small child. The idea has become generally known and kindergartens have been established in which infants are educated in obedience to various methods. To quote an instance: The town of Vienna has today over 100 kindergartens, in which more than 8,000 children are looked after daily. The profession of kindergarten teacher has gradually become an independent career. The teachers not only receive a three years' training course, but they are also obliged to draw upon their scientific knowledge in the course of their daily work. Their activities must obey the leading principles of child hygiene. The psychology of childhood is the chief theme of their duties; when we realise what momentous impressions, influencing the whole of adult life, are connected with just this period of early childhood, we shall readily grasp the significance of the teacher's influence. In this field psychological knowledge and educational experience are decisively valuable; here too scientifically directed methods are of vital importance.

The multiplicity of postulates of a scientific character which must be mastered are conducive to specialisation in some branch of social relief. Thus in the field of social welfare there is an increasing tendency for workers to specialise. Complaints are now being raised on all sides against specialisation in medical work, and they will, at a not distant date, be equally applicable to specialisation in the field of social welfare work. Such specialisation cannot, however, be avoided. Everyone who has been engaged in welfare work of a responsible nature for any length of time must be perfectly aware of this, and I can confirm it from my personal experience.

Medical assistance, being the oldest type of welfare work, developed early. Thus we see, in the international field, the nursing profession put on a progressively scientific basis, and practised in an increasingly scientific manner. The considerable body of nurses of the present day constitutes one of the mainstays of our whole scheme of social welfare. The progress in this sphere of welfare work is really admirable, if only on account of the speed with which it is being achieved. I can remember from my medical student days, how we looked on the nurses as ignorant women, totally unacquainted with the simplest facts of medical care; they seemed to come straight from the street into the sick room, seeking employment and a livelihood. They brought to the task mere readiness to help and nothing more. Comparison with the scientific and thorough training of the present-day nurses, as provided in the different schools, will afford some idea of the immense progress achieved. To-day the nurse is a real helper of the sick, on whom doctor and patient alike can rely. To readiness to help has been added capacity to help, to qualities of heart those of brain. Here we see the scientific method in its most perfect form; here daily progress is being made. Unthinking tradition has been replaced by action based on knowledge. Medical progress has become the daily teacher of the nurse. A mere occupation has been transformed into an art.

Progress in other spheres of human relief work has been very much slower, perhaps on account of the fact that the movement is of much more recent date. Man learned early to care for the sick, but was late in seizing the fact that help was also required for the healthy suffering from social deficiency. What the nurse is to the physically or mentally diseased, the welfare or social worker is to the socially sick. In this sphere also, assistance consciously based on economic principles has replaced mere relief work, and social workers acquire their knowledge of the subject by study; they are trained in schools which teach them the basic principles of economics and of the social edifice in all its parts.

In this field, too, mass training has replaced individual experiment. And here, again, the demands of specialised social welfare have resulted in the creation of specialists. Nurses for surgical cases are distinguished from those who have studied dietetics, and also from x-ray sisters and sisters in children's hospitals. The same is true in welfare work; child welfare, school nursing and co-operation in the campaign against alcoholism are some of the branches which have developed. They have all justified their existence and have become a need. None the less, wider aspects must not be lost sight of or neglected. Scientific principles may be different, technique may vary, but the fundamental conception remains everywhere the same. Social workers are but the different organs of one large body; they are collectively the executive organ of demographical policy. Each has his special scientific method and uses a scientific technique in accordance with his particular task. The scientific nature of the principles which find their expression in methods of training, in the transition from tradition to teaching, yields a possibility of success—but one possibility only.

The other possibility lies in personality and cannot therefore be learned; it is seen in the art of awakening the human soul, of winning confidence, granting spiritual aid and finally consolation. A nurse is more than a healing machine, a social worker more than a lifeless tool for social aid. They all have souls, since they are human beings. Exact training and scientific equipment may be intensified and increased, yet the limit set to all social aid is and remains in each particular case the personality of the social worker. Nurses and welfare workers of all classes are right to demand improved scientific instruction and preparation. That is what they receive; what they must give in exchange is their strength of soul, and the incarnation of all human aid—the spirit of charity.

The Nurse as a Citizen

By BERTHA WELLIN,
Member of Swedish Parliament, President of Swedish Nurses' Association

The democratic developments of today have entailed that citizens of a modern state with universal suffrage —men and women alike—when they have attained voting age, not only answer the personal call to action as adult individuals but also fulfil their duty as citizens. This can be done by using their influence as voters at public elections of various kinds, and by placing themselves, when called upon to do so, at the disposal of the public as candidates at such elections, with all the consequences that this entails.

The use of the vote should not be looked upon by the citizen as a privilege which he may use if he so wishes, but as a duty from which he should not try to escape unless he has very urgent reasons. The execution of this duty demands certain qualifications. To begin with, of course, the voter should study and make himself familiar with the technical ways and means of voting and, what is more important, he must clearly and positively understand not only for whom he is voting, but also for what he is voting and in which direction his ballot-paper is likely to influence developments.

This requires of each person entitled to vote certain insight and discernment with regard to public questions, cultural and social as well as political. The accepting of a candidature and the filling of a public position of trust demand a closer knowledge of the subject and more sharply defined and clearer lines as regards the personal conception, as well as a capacity to explain and defend these both verbally and in writing.

The general points of view expressed here apply to all citizens possessing a vote, and therefore include nurses. A more careful consideration of the problem of "The Nurse as a Citizen," however, shows that her position is more complicated and delicate than that of the majority of citizens, especially when it is a question of a more active part in political life.

The nurse's position and work, both as regards the care of the sick and in the more social fields of labour, are essentially intermediary and therefore of a particularly exacting and delicate nature. It is not easy to combine such an intermediary position with the active and prominent work of a politician. A combination of these two tasks will of necessity make the nurse's position still more delicate, and can easily produce friction of various kinds.

It is clear that although a nurse can devote herself, even actively, to political work, the various nurses associations must adhere to the necessity for neutrality, so that the associations remain above political strife. Any other line of action would necessarily jeopardise peace and unity in an organisation, and would undoubtedly upset general faith in its activities.

We must therefore leave the associations aside and concern ourselves only with the nurse as an individual, and then not as an active politician, but as an interested citizen.

It is an indisputable fact that the sickroom and the hospital ward should not be places of political propaganda for one particular party or another. But positive and illuminating discussions on political and other questions of general interest need not be excluded when circumstances appear suitable for them. They can perhaps contribute to awaken public spirit and a feeling of responsibility in many who were previously not interested.

Opportunities for social work outside the hospitals are manifold. Much can be done quietly, from the Christian cultural and social points of view, during the daily work. Even from

the purely political point of view, I venture to suggest that a great deal can be gained, without agitation, not least by the raising of standards, by a cleansing process of tone and spirit and by the opposing of bitterness among political adversaries. Whether we call them democrats and conservatives, labourers and employers, republicans and monarchists, is of minor importance. The essential factors are the different ways of thinking and understanding. It is an entirely loyal and natural endeavour that each group seeks to have as large an influence as possible by means of an increased spreading of its ideas, and by winning a steadily increasing number of voters for its party. With goodwill on all sides, this should take place without debasement and poisoning of tone, and with a retaining of mutual respect among those of differing opinions. That this should be the case is of vital public interest and of the greatest importance to all good citizens.

We may, therefore, take it for granted that a nurse who thus understands her citizenship will be able to work with success and pleasure with others, even with those of other opinions than her own, without the political interest she displays having a retarding influence on her labours.

For the nurse who takes an active part in public health, there are daily opportunities of coming into touch with circumstances dependent upon public administration. Here we meet public education with its enormous influence on children and young people, insurance against sickness and accidents, pensions and old age insurance, and many other social benefits for citizens of all ages and classes. In her work a nurse can gain much experience and, in many cases, obtain a good idea of laws and measures adopted by the authorities when these become effective in public life. Observations thus acquired may later, in a direct and practical manner, become productive if the nurse is elected into some municipal body which decides upon and leads such activities. Skilled and tactful work on her part, as a member of a board, will not be without result in the long run, especially if combined with the same qualities in the personal sphere of labour she has been called upon to take up in the community.

A municipal election is generally fought on political lines and it is indisputable that the party limits thereof will be sharply pronounced. What the individual citizen can do is to keep his own conscience sensitive, to listen to its voice, and to do his best to make the positive points of view overrule those of a purely party-political kind. If this conception is combined with a feeling of public spirit and with a living patriotism, the result should be useful work to the good of human progress within the community. But it cannot be denied that the present pronounced party system to a certain degree constitutes a restraint on the individual. This cannot be looked upon as only an evil restraint however. On the contrary, it is, like many other things, a phenomenon of both good and evil. The result will be entirely dependent upon how the restraint is employed. It can be abused, when it will be harmful; it can, on the other hand, be necessary to prevent injurious and individually arbitrary ideas and measures. A certain degree of discipline is, as a rule, useful to human society. All depends upon a party having leaders who are wise, tactful and conscious of their responsibility.

There are those who only see the wrong side of the party system. They sometimes combat party formations, even by forming coalitions, i.e. combinations with other parties—consequently quite a homeopathic cure, a reaction against the party system by the formation of another party. A strange phenomenon of this kind is a group supporting a list of women only at an election, a party formation on sex lines, instead of according to opinions. A political formation of parties of women against men is one of the least successful and

has very limited possibilities of development, because most women will probably invariably refuse to give their adherence to it. A more practical and certainly a more practicable way to win a legitimate influence is for women within the various parties to work to advance their own candidate on the party list in harmony with the men. By such a procedure women preserve for themselves the possibility of influencing the list in its entirety.

When speaking of the nurse as a citizen it is easy to pass from this wider sphere into the narrower circle in which the nurse moves when doing the work to which she has been called. To do so need not mean the putting aside of a question at issue, but is rather only a deepening thereof, because our personal work and our individual task in the community, and the manner in which we fulfil and understand these, constitute the foundation upon which our part in citizenship is built—the soil wherein it must grow.

When accepted as a student the young woman's responsibility for her actions becomes widened, and this is even more so when her training is concluded and she is accepted as a nurse. In both these cases the public will, in many ways, criticise the schools for nurses and the institutions according to the manner in which their private members appear and act. During the whole of our activity as nurses we must, whether we wish to or not, exercise an influence upon the opinion people hold of the school of nursing which has trained us, and upon the organisation to which we belong—its good name and reputation. The organisation gets a good or bad reputation according to our actions.

At the beginning this intimate connection between the individual and the institution was even more sharply pronounced, as, for instance, in the Catholic nursing orders and, later, in the Evangelical motherhouses. Affinity, therefore, has its roots far back in the ages, and it is closely allied to the old system of orders which were centres for those who volunteered for certain sacrifices and, of their own free will, undertook certain duties.

It became a question of honour for all members of the order to uphold its principles and translate these into practice. So long as the members were united their order flourished and exercised a useful and beneficial influence, but when members became lax in the fulfilment of their duty and their feeling of responsibility, the order began to decline or even break up. If we look back upon historical development in philanthropic work, which is the predecessor of the present day system for the care of the sick and other social work, we find everywhere co-operation based on a feeling of community, which makes members dependent upon one another, not only in their work but also in private life. We may learn from this that one cannot here isolate one's work from private life. Personality is intimately bound up with the mission in life. In modern times motherhouses replace the old orders of mercy and, in part, the Catholic monastic orders. Both in the Catholic orders which still care for the sick, and in the Evangelical motherhouses, the principle of certain personal obligations and certain liabilities, the following of certain definite rules and unity in a common institution, have been retained. This becomes inevitable in a systematically arranged organisation. Rules and regulations must, naturally, change in course of time, but they must exist, together with the will to be united and a spirit which has the power to influence private members towards sacrifice and unselfishness. All collective work presupposes a certain amount of self-denial.

As the old orders had to give way to newer organisations, the motherhouses have in part had to make way for more modern co-operations possessing a more independent position for the individual. But success is dependent upon unity, the strength of which is dependent upon the

feeling of responsibility of the individual members. Progress in our times has gradually taken the direction in which the nurse attends to her own affairs. This is strikingly manifested by the existence of the many different kinds of nurses' associations, the national federations, and by the International Council of Nurses. However, the fact still remains that even these associations must, if progress and success are to be achieved, build upon internal unity and a feeling of responsibility, together with the loyalty of individual members.

I have already said that we are responsible to the corps, i.e. to our colleagues, and not only our class colleagues and those who belong to the same organisation, but to the nurses of the whole country. But does the responsibility stop even there? By no means; our responsibility applies to today, but also to the past and the future. We cannot isolate ourselves and our work, and cannot look upon our work as a private matter. Around us are figures of the past, as well as of the present, and before us we may glimpse coming generations who will have to reap the harvest we have sown, and who will one day take over our task. No, of a certainty we may not isolate ourselves or our work. And as a symbol of this all-embracing communion we have, in the first place, the organisation which has received us and counts us as members of its nurses' group.

There is something else which accompanies co-operation—the growth in importance of the individual's task. It is true that we all, even if we stand alone, have a large responsibility for the tasks we accomplish in the progress of humanity, but the work of the individual may easily be lost—its traces disappear more easily than if his work is embodied in an enduring organisation, within which the many energies become joined in one united power, the effect of which is apparent for decades or perhaps for centuries. Responsibility increases in proportion to the power and influence of an organisation.

It may of course be remarked that an organisation of the kind should in itself be so strong that it cannot be harmed if one or another of its members does not give satisfaction or deviates more or less from its fundamental conceptions and rules. And luckily the good is in itself so strong that it can stand much; but such discussion is both insidious and dangerous because we humans can but partly follow the consequences of our actions or foretell the results thereof.

It is a privilege and a personal distinction to belong to a respected organisation, because a member is looked upon with confidence and respect, a confidence so great that the organisation is prepared to place its public reputation in the hands of the member, as well as the judgment of itself before history. This, and no less, is placed in the hands of the nurse when she becomes the member of an organisation. This is something to remember and take to heart. It cannot, therefore, ever be asserted that the life and work of the nurse, even her private life, are solely her own personal affair.

The dutiful nurse with a feeling of responsibility can comparatively easily understand, therefore, how to subordinate herself to her responsibilities as a citizen, because she is already in her private actions a noble member of the community. She need only extend the limits of her interests and responsibilities, and her thirst for knowledge and devotion—and she becomes, in the best sense, a useful and active citizen. If the nurse adopts this enlarged task, with the ideals and sound traditions, with the feelings of responsibility and faith which have given her her respected place in therapeutics, then she will also within this larger sphere perform a useful and valuable task in the service of human progress.

Exchange Scholarships

By ALICE LLOYD STILL, Matron, St. Thomas's Hospital, London

I have had the honour of being invited to present to you a paper on the subject of Exchange Scholarships. I am not covering familiar ground and therefore have had recourse to the established work of the Rockefeller Foundation, the data of which I owe to the kindness of Miss Crowell. I plead for your patience while I place before you, as I am bound to do, much that is still problematical.

Exchange scholarships, if understood as interchange of scholars on equal terms between the nursing schools of different countries, do not yet exist; but for several years scholarships or fellowships have been granted to nurses by such educational bodies as the Rockefeller Foundation, the various Red Cross Societies under the auspices of the League of Red Cross Societies, aided by State Educational or Health Departments, and from time to time by an individual nursing school. These scholarships have usually been provided for extended study in public health, but some have been given for the purpose of studying nursing methods, so that advances may be made in those countries where the nursing service is still inadequate, or that good knowledge and well-trained capacity may be enriched by a wider vision and a fresh outlook.

These scholarships have been more comprehensively developed by the Rockefeller Foundation than by the other bodies mentioned; therefore I shall first sketch its aims and methods, so that I may put a clear issue before you.

The work of the Rockefeller Foundation is well known to all present. While its influence and financial aid have been devoted chiefly to the furtherance of medical education and of public health activities, it has not failed to realise that nursing education frequently constitutes an important factor in the successful accomplishment of projects in these two fields.

Nursing education all over the world, and especially in Europe, has derived much benefit from the Foundation in the form of fellowships that give the Nurse Fellows opportunities of study in other countries. Their choice of field naturally depends upon the purpose for which the fellowship has been awarded.

The aim of such fellowships is largely two-fold:

1. To give fresh impetus and renewed vigour to those who have been long in harness and become worn-out and stale, and to render them more sympathetic to the introduction of new modern methods by younger specially-trained assistants.

2. To supply post-graduate study and the best facilities for practical experience to those who desire to fit themselves for specialised work, e.g., dietetics, pediatric nursing, public health work.

In the first case, a suitable change of environment with the new contacts that result, will bring the needed recreation, and the choice of a particular field is of secondary importance.

In the second case, the best field must be selected for the specialised study; one that not only provides the experience, but will fully supply the necessary teaching on the subject and efficiently handle the educational problems involved.

The Nurse Fellow should remain long enough to acquire the technique in use by actual participation in the work.

The choice must also take account of the future position for which the candidate is being prepared, and the limitations imposed by language, temperament and racial psychology.

The Rockefeller Foundation have unique opportunities for seeking the possibilities and appraising the values of the fields of experience provided by the countries of the Old and New Worlds. England, France, Belgium and Austria are largely used to supply experience in bedside and ward nursing, midwifery, infant care, child welfare and specialised public health nursing.

America has been used for the type of experience essential to directors and teachers in schools of nursing and for those studying generalised public health services.

The policy of the Rockefeller Foundation is to prepare Nurse Fellows for definite posts which await the completion of their fellowship training.

SUPERVISION OF FOREIGN FELLOWS. That full advantage may be taken of these fellowships, it is advisable that someone who knows the two countries well should be available to interpret the student to the field and the field to the student.

SELECTION OF CANDIDATES.—Certain qualities and qualifications must be possessed by the candidate.

1. She must be of good education, with powers of expression, in order to obtain the best value from the theoretical instruction.

2. She must have had sufficient experience in ward and administrative practice to supply a groundwork for a full appreciation of new material and its suitable adaptation; also knowledge of general work conditions in her own country.

3. She must exercise selective judgment and be able to criticise constructively.

4. She must bring to her new outlook the best professional training her country has to offer, and be familiar with training conditions at home.

Of similar nature, but within a more defined range, is the work of the League of Red Cross Societies, which, under the control of its Nursing Division, has organised courses of theoretical and practical instruction in public health nursing and training school administration for students selected by the Red Cross or State educational bodies of the different countries with which the League is in close co-operation. These courses are, at present, taken at Bedford College for Women, University of London, supplemented by the Education Department of the College of Nursing, which also arranges for any practical experience required, and it is most inspiring to see the enthusiasm of the nurses, the courage with which they face and overcome the difficulties of language and strange environment; the excellent grasp they obtain of the comprehensive material supplied for their instruction. The daughters of Asia make common cause and cement life-long friendships with the daughters of Europe and America; and in this we see one of the most fruitful results of these scholarships—the furtherance of World Peace, in a closer understanding and in the unity of common purpose.

Machinery exists for exchange of professors between the universities of different countries, but we have yet to formulate a scheme of Exchange Scholarships for nurses. These scholarships can, therefore, only be discussed problematically as regards their programme, their advantages, the difficulties to be encountered.

Such a scholarship should be given to the graduate or trained nurse, and one of the type already described, so that she can derive full benefit and bring back to her school or field of work the best that can be culled from her fresh experiences. An interchange between two schools of the same grade in different countries, even after the short period of three years' training, would be much to the advantage of the individual nurses, though it is doubtful if either could contribute much to her particular field. Naturally the financing of such an exchange would have to come from an independent fund and by individual arrangement, and therefore hardly comes within this survey.

Given a suitable candidate she should be allowed to profit by visiting all departments—nursing, administrative, educational—for a sufficient length of time for her to be able to grasp the actual working of each.

The reciprocating Nurse Fellow should be given the same opportunities. Each should be able to make unbiassed reports of her experience, and to offer constructive criticism. Both these reports should be in the hands of the authorities of the reciprocating hospitals; otherwise the exchange would not fulfil its purpose.

Such an exchange can only be of value to a school if the representative be of the right type—a woman of good education and social standing, well-grounded in the theory and practice of nursing, with adequate experience in administration and a fair working knowledge of the educational programme of nursing schools in her own country. In addition she must possess tact, an open mind, a sense of proportion and the power to adapt herself to new conditions—all of which will prevent that hypercritical outlook that is liable to detract very seriously from the value of the interchange and may only serve to rouse antagonism where greater sympathy and understanding are of the first importance.

All this experience is wasted unless the individual chosen possesses sufficient force of character, position and standing in her mother school to secure that her contribution be fully acceptable to that school.

There are difficulties to be encountered in planning and launching such a scheme. Finance is the first problem. It is obvious that for the first three months the Nurse Fellow is of little economic value to the hospital and its nursing service. Regarded as a unit, she may even be the cause of loss from the educational, practical and administrative points of view. Very few nurse training schools possess a budget independent of the hospital finance. Therefore permission for such interchange must come from hospital authorities. Here one might stress the advantage of a separate budget for nurse training schools. Miss Nightingale was wise before her time when she allocated funds to support a nursing school, but she also formed a Council, reserving to them the right of directing the education of its pupils—the hospital finding the plant, i.e., the equipment and field of experience.

Again we must remember that each race or country will have its own peculiar needs, will make its own specific demands and will establish habits, methods, rules and regulations in response to such and in obedience to the urge of its own racial psychology. In this way the exchange may only serve the individual by giving her greater interest and wider outlook, but it may not provide her with any concrete material with which to enrich her school; yet the friendly interchange cannot be judged as valueless.

Individuality in nursing developments must be maintained at all costs in the different countries. Each must work according to its own national genuis, though the same spirit of service may inspire all alike, and all may be striving after the same ideals.

Climate, temperament, inheritance, all combine to make a blend that gives a country its own peculiar atmosphere, which, if allowed to permeate the living body, saves method and organisation from being that lifeless machine which kills spirit and initiative.

We must be alive to the danger of standardising too rigidly the nursing programmes of the various countries. Free development along national lines is surely the ideal to be followed.

Again, grave responsibility is assumed in distributing trust moneys. These scholarships are luxuries. The nursing profession is tending to develop in luxury and to lose thereby the creative genius that finds expression when necessity drives. Striving must be stimulated by necessity; easy getting deadens initiative. Luxurious training does not tend to self-denial, nor does it foster the spirit of service, without which nursing becomes a mere profession and forfeits its high calling as a vocation.

If the consensus of opinion decides that these exchange scholarships between individual nursing schools are essential to new life and fresh vigour, then there should be no insuperable difficulty in obtaining them. Whether they should be given in one or two isolated cases, or be available in large numbers is another matter to be considered. But never let a question of finance thwart us in the development of what is necessary. Do not, however, be depressed over slow progress, because he who builds slowly builds soundly and makes his foundations sure.

University Schools of Nursing

By ANNIE W. GOODRICH, D.Sc., Dean, School of Nursing, Yale University, New Haven, United States

Retrospectively considered, nursing falls into three rather clearly-defined periods, which in the cause of brevity I shall designate as the emotional, the technical and the creative, each successive period sublimating the intrinsic values of the preceding to produce a finer and fuller expression of this pre-eminently woman's part in the stupendous drama called life.

Fortunate it is that the history of nursing is not only already available through more than one historian, but that the subject now finds so universal a place in the curriculum as to avert the necessity of the usual historical setting—the first period so imaginatively intriguing with its crudities mellowed by age and its suffering transmuted into beauty through the pageantry of a colourful past. The second period with its long arid stretches of unremitting toil that boldly and persistently attacked at their base the sores of humanity and laid the foundation for the present dynamic programme — a vivid conception of both imperative to grasp in any measure the significance or implication of the development of the third, which I have ventured to designate as the creative period, and the key note of which is expressed in the title of this paper.

The processes through which nursing education may or will proceed in other countries it is not the part of this paper to portray. I can only venture to present, and that in merest outline, the educational trend in the United States of a profession which is at the moment a strategic branch of the ever expanding health forces and an entirely consistent expression of emerging womanhood in a political state designated as a democracy and thereby committed to the application for the best ends of the people all available goods, a commitment which implies, for reasons too obvious to rehearse to an audience such as this, the fullest possible knowledge by women of the findings of science bearing upon nature and pre-eminently human nature.

Educational Opportunities

However failing the United States may be in her interpretation of the demands imposed by a democratic state, she has not failed in opening the windows of educational opportunity to her children, nor have the children failed to respond.

The creation of state universities, implicit in which is the provision for the development of any individual to his highest capacity, the almost phenomenal increase in student enrollment are indisputable evidence of educational opportunity, however open to criticism such generous provision and eager response may be.

In 1926 the number of colleges listed by the Bureau of Education in Washington was 744. In approximately 62 of these institutions may be found some connection with a school or department of nursing. These connections, however, present the entire gamut of educational co-operation, from the use of a class room or laboratory for the provision of instruction in one or more subjects to a fully recognised school of the university group. Correct orientation in considering the subject before us demands at least a brief restatement of the steps by which this development that marks the third, and an epochal, period of nursing history has been reached.

If 1860 saw through the creation of St. Thomas's School, London, the establishment of the first educational programme of nursing, and 1873 the first schools of nursing in the United States, history ascribes the first attempt to establish the university relationship to the year 1893 when

the Royal Infirmary in Glasgow required of the students entering the school preliminary instruction in the sciences in St. Mungo's Medical College, under the usual university requirement of the payment of tuition fees, examination, etc.

In the United States the connection appears to have been first achieved through the initiative of Miss McMillan by the Presbyterian Hospital School of Nursing in Chicago with the Rush Medical College in 1903, while to Dr. Richard Olding Beard, professor of physiological chemistry in the University of Minnesota, the profession must always be indebted for the establishment in 1910 of the first school of nursing on a recognised university basis.

As is well known, in 1907 through the efforts of the early leaders in nursing education, pre-eminently Isabel Hampton Robb and Adelaide Nutting, James E. Russell, dean of the then recently opened Teachers' College of Columbia University, established some courses in hospital economics. These courses led in 1910 to an endowment by Mrs. Helen Hartly Jenkins, a trustee of Teachers' College, which made possible the creation of a department of nursing and health, the first provision for graduate courses for administrators and teachers of nursing and the various branches of public health nursing in the world. Under the able leadership of M. Adelaide Nutting, the influence of this department has extended from continent to continent, strengthening the courses in nursing and establishing connection with university after university, thereby returning in some measure the contributions of England's great leader to the nursing care of the sick on this continent.

Of these one must mention the several universities in Canada: McGill and the University of Montreal, the Universities of Toronto, British Columbia, Alberta, and Western University, London; in England the notable graduate work at Bedford College and the course at Leeds University; in China the schools connected with Peking Medical School and the Yale-in-China Medical School (or Yali); in Japan the recently established relationship of St. Luke's to the University of Tokyo; in New Zealand and Australia we understand university schools are in the making.

Through the entrance of a group qualified as teachers and administrators into the field of nursing education, the paucity and wide variations of the curricula were increasingly revealed, with the eventual result that the Rockefeller Foundation, deeply interested in health as the foundation of social and economic efficiency, and recognising the nurse as an important factor in any health plan, assigned in 1922 an appropriation for a study, and the first, of nursing education, which was made by Josephine Goldmark, well known as the author of "Fatigue and Efficiency," under the advice of a committee of experts in the fields of medicine, nursing and hospital administration, of which Professor C. E. A. Winslow, of Yale University, was chairman. The report based on a survey of a selected group of schools administered by hospitals of recognised standing, revealed the deleterious effect upon nursing of the subordination of the students' programme of education to the needs of the hospital service.

If this Study of Nursing and Nursing Education in the United States published ten years ago revealed the failure of the apprenticeship method to prepare the nurse for present day needs of either preventive or curative medicine, the first and very recently published report of the grading committee entitled "Nurses, Patients and Pocketbooks," presents a picture of over production and faulty distribution, and indicates clearly the importance of emphasis on quality rather than on quantity in preparing women for the nursing field.

To the soundness of the conclusions reached by this representative and now famous committee, the 1928 report of the schools of nursing registered under the New York State Education Department bears ample, even tragic testimony. For while in the past three years, 1926, 1927, 1928, there has been an appreciable increase in the percentage of high school graduates entering these schools, from 36 per cent. to 42 per cent., approximately 3,981 students enrolling in 1928, the percentage with college preparation has remained steadily at eight-tenths of one per cent., with the enrollment of women in the colleges of New York State alone reported for the year 1926 as 36,568, or a greater number than enrolled in the entire country in 1890.

In short, for the past twenty years we have so persistently subscribed to quantity not quality that nursing that has barely, if indeed has yet, achieved adolescence, stands facing over production and unpreparedness —over production which means economic insecurity for a group of workers whose physical output, for their professional or vocational preparation and contribution, can not be challenged; and unprepared for function in fields pre-eminently ours.

The so-called university movement is therefore very timely. It has been asserted that what determined economic organisation was not national genius but social necessity. The evolution of nursing makes no exception to this rule. Social necessity certainly created nursing and is now forcing the changes which we are seeking to effect through the university relationship. Upon the nursing profession must and should fall the problem of safe-guarding and perpetuating the best traditions of the profession while formulating a programme through which its achievement may keep step with the progress in the medical and other sciences. This is in effect to demand a programme of education through which the community may be ensured the nursing service required in the curative and remedial incidence of disease and the many means now available for its prevention.

The University School

What do we understand by a university school? A university school, in a real sense of the term, demands the following:

1st: An established and recognised status: That is to say a school admitted to all the rights and privileges accorded the other schools and colleges of any given university.

2nd: The resources accepted as essential for the creation, maintenance and future development of an educational activity of professional grade, and in addition the resources demanded by the special nature of any given professional activity.

3rd: A qualified student body.

The entire paper might well be devoted to an elaboration and discussion of any one of these essentials topically considered, with another period allocated to the social returns predictable from such a professional foundation and social expression. I propose to consider as briefly as possible the second and third of these essentials as fundamental to the achievement of the first.

Resources

This item obviously falls into two major divisions, financial and educational, with many minor but perplexingly interrelated divisions. So clear an exposition of the necessity of a sound economic basis for schools of nursing has been presented by Miss Nutting, and so widely has it been read and quoted, that one need hardly raise the argument, except to again call attention to the fact that education has always had to be subsidised, either by state grants, taxes or gifts.

From the founding of the Nightingale School at St. Thomas's in 1860 through the first known endowment of nursing education, and the endowments, small in amount, of the first two or three schools to come into existence in this country in 1873, nursing education has not commanded the subsidies other branches of

professional and vocational education have been able to secure. Contributions there have been of importance—mainly taking the form of residential facilities, generally comfortable, often very attractive, and frequently included in these domiciles were some of the needed teaching facilities, but not until the gift of Mrs. H. H. Jenkins that brought into existence the first graduate department of nursing education was *nursing education* as such subsidised. This opened a new chapter in the history of nursing, for it immeasurably forwarded new and broader concepts of the undergraduate course—concepts that the great gifts of Mrs. Bolton and her family for the Western Reserve University School and of the Rockefeller Foundation to Yale University for its school of nursing are making possible to put into effect. Only through endowments will the provision of an adequate and qualified faculty, and the required teaching and residential facilities be ensured.

An important question in the matter of resources is the comparison of the per student cost in the school of nursing with that of other schools of the university. Here we are plunged into an exceedingly complex problem, because of the relationship of the school of nursing through both faculty and students to a business, and one of a most difficult and delicate nature—furthermore, one that offers no return but rather demands an output from its stockholders, while to the consumer who wants none of it but upon whom it is forced, the output is costly and the returns unpredictable.

It is possibly of interest that the income from the recent munificent gift to the Yale School of Nursing by the Rockefeller Foundation of one million dollars, together with the tuition fees of the students, barely suffice to carry the overhead of nursing education. The cost per student to the university, however, when we include, as we should, the students from the affiliating schools (approximately 100), compares more than favourably with the per capita cost in other schools in the university—it presents in fact the lowest per capita cost per year. Nevertheless, the cost of nursing service to the New Haven Hospital, with which the school is affiliated, is fully as great if not greater than that of other institutions that assume the full cost of nursing education.

The problem of adequate hospital support is a burning one and bears very directly upon the question of the cost of nursing education. Several studies are now in progress which will be of great value in ascertaining three important facts: first, the cost of the required nursing care of the sick; second, the cost of nursing education, and third, the cost of nursing in relation to medical education.

The first question (the cost of the required nursing care of the sick) can not be answered until studies also now in process as to the care required are completed. For many years we have been content to assign a student nurse to the care of from ten to thirty patients at night without the least attempt to determine what was implied by such an assignment. Our only measurement of the adequacy of the service she rendered was supplied through the fact that in the case of the serious illness of a person of means one, two or even more graduate nurses would be demanded. The study by Miss Sellew, of the Children's Hospital of Western Reserve University, which revealed an average of seven hours as the required nursing care per patient per day, and the time study of a variety of surgical procedures made by Miss Tracy, of the Yale School of Nursing, are but two of many that will be required before this question, fundamental to intelligent care of the sick and *ipso facto* a reasonable cost of nursing service is answered.

It is important to co-operate so far as possible with the general university facilities, not alone because of the economic advisability of such an

arrangement, but because of its educational value. Nevertheless, a school must at all times be assured not only of adequate space, but at such hours as may be desirable from the standpoint of the curriculum, in the case of the school of nursing a peculiarly difficult problem. A separate teaching building is always desirable but not always a necessity. There are, however, certain class rooms or laboratories peculiar to the needs of the school and these must be provided.

It is probable that the dormitory facilities for a school of nursing connected with a university will be increasingly combined with such facilities for other students—undoubtedly a desirable arrangement, but again in the case of a school of nursing the importance of suitable, even attractive, housing facilities can not be over-emphasised, for it must not be forgotten that the curriculum imposes a heavy physical as well as mental strain, and there is, therefore, no branch of education which so justifies the provision of attractive domiciliary facilities in close proximity to the school.

But beyond the provision of class rooms and laboratories or residential facilities is the expense involved through the required clinical experience. I am not using the word hospital, for I wish to imply a much greater variety of experience than the word hospital suggests, and I shall discuss in some detail this subject, for I consider the relationship of the university to the institutions and organisations in which the clinical experience is to be obtained is an exceedingly important matter. Where the clinical experience is obtained through institutions entirely controlled by the university the problem is not great, if it exists, for the faculty of the school of nursing is *ipso facto* charged with the nursing service; but where the connection is through affiliation provision should be ensured for the joint function, educationally in the school of nursing and administratively in the institution, of the various members of the faculty through shared selection and support.

A programme of practical experience designated as the case assignment method, a method that follows closely the English system and which provides that to the students are assigned one or more patients rather than a series of nursing procedures is, we believe, increasingly recognised as the most effective educational method. This is, however, a time consuming and therefore costly method, for a modern feature of the system is the requirement of case records and studies in every branch of clinical experience and in the preparation of which the student is allowed free access to the medical records. She is further charged to inform herself as fully as possible of all factors, social as well as physical, bearing directly or indirectly upon the case: a method through which alone we believe it possible for her not only to master the required skills but to attain that intelligent and sympathetic understanding of the patient and his mental and physical needs that will awaken an interest extending to a shared responsibility in achieving the best end results. This implies not only a high degree of technical skill and an understanding of the underlying principles of the required procedures, only acquired through a broad and sound professional preparation, but an insight into the social forces and means that bear or should be brought to bear upon any given case. Can she function in so comprehensive a manner is a reasonable question. More frequently both directly and indirectly than would at first appear, but a most important first step is an *awareness* of the part these factors play in the cure and prevention of disease, an awareness of the increasing means for dealing with such problems.

Every student should be ensured within a few days or hours of the

varied clinical experience included in the curriculum, a provision not possible in the hospital schools, depending as they do wholly or mainly upon student service. Furthermore, in this clinical experience, whatever the branch, surgical, medical, pediatric or obstetrics, should be included all possible aspects of any given subject. For example, the course in medical nursing should include a period in the Tuberculosis, Syphilis and Skin Clinics, as well as in the General Medical Clinic of the Out Patient Department, and in the Communicable Disease Department not less than in the general medical wards.

The Yale School of Nursing has recently issued a bulletin which presents a complication of student records and case studies required for the course in Pediatric Nursing. Included in the student's experience in this branch is a period in Medical Pediatrics, the Formula Room, Surgical Pediatrics, Nursing in Communicable Diseases, the Pediatric Clinic of the Out Patient Department, and in the Nursery School: the latter providing a brief but important opportunity of observation and study of the normal child through a most modern programme of child guidance and study.

The various branches in the pediatric course not only indicate the variety of expressions into which any given subject falls today, but present the w i d e r interpretation of her function demanded of the nurse and deeper insight into the problems involved in child care and direction. The value indeed of such insight extends beyond the child to the adult.

The records selected for this publication were mainly submitted by the class of 1929.The student whose conception of the possible application of nursery school principles in the home or in the wards of a hospital appears in the bulletin (a student may I say in passing who at first questioned the value of this experience) stated that she felt it had contributed more than any other course to her adaptation to the later experience in mental diseases.

It has for many years been our belief that an experience in mental diseases should be included in the basic professional course, and that under right conditions the interest of the most highly qualified women would be turned to that field. It is, therefore, most heartening to find that the field of mental nursing is capturing the imagination of some of our best students, while in others their experience stimulates the interest in child hygiene.

Faculty

Such a programme as I have suggested obviously demands instructors with a comprehensive general and professional preparation and highly specialised in their particular subject. It entails supervision, bedside instruction and case conferences: again a time consuming and costly programme, but of vital importance to the student and her present and future patients.

Platitudinous as it may sound, we must assert that only is that a good teaching field t h a t demonstrates adequate and skilled nursing care for the patient. Rarely if ever may yet be found the model educational unit that this implies. Such a unit will demand for the usual ward two instructors, functioning as head nurse and assistant head nurse, and one instructor functioning as a ward nurse for every two or three students, and this not less for the stabilisation of the service than for the instruction of the students. The latter will be selected for their interest and sound preparation in the nursing care of that branch of medicine which the ward unit represents. By sound preparation I mean to imply college graduate with a comprehensive professional preparation and additional experience in the specialty selected.

Indeed, I find it not impossible to conceive that a person qualified for the educational or university status

of professor of nursing in pediatrics or obstetrics might function in what is now considered the humble capacity of a floor duty nurse. This conception of the importance of instruction in the bedside care of the patient will, I hope, provide a convincing answer to the oft-repeated question as to whether the students in a university school of nursing obtain any practical experience. To be explicit, in the Yale School, the total number of hours is 5,050; didactic, 698; laboratory, 288; practice, 4,364.

This suggests a second and not less frequent question, often assuming the form of an assertion, to the effect that obviously we would not expect the students with such a broad general and professional preparation would function in the private duty field, but would rather immediately be advanced to teaching and administrative posts, or advanced positions in the public health field. Undoubtedly with the present insufficient supply of nurses qualified for such positions this will be the case. These schools should certainly contribute and widely to the preparation of such instructors and administrators. Further preparation and experience, however, would be required than the basic course, except in the case of students who come with past preparation for and practice in the teaching field or that of social service, and there are many such.

Nor do I believe that under the present conditions of private duty nursing such graduates would feel justified in practising for long in that field; if bedside nursing does appeal to them (and I have just indicated my belief that such might be the case) they would probably prefer an institutional assignment; for in the institution it will be more possible to regulate the hours and to provide those means for educational stimulation and recreation through which alone the vivid interest demanded for continuous effective service in any field is maintained.

Publications, Scholarships, Fellowships and Research

Here we have an almost uncovered field, and one of the greatest importance for its true expression as a university school, for implicit in this is the preparation of specialists, the creation of the literature required, and the research through which alone the term professional school is justified.

Not as yet has any contribution to medical science, so far as I know, been made by a nurse specialising in the bedside care of the sick. It does not, however, require a very great stretch of the imagination, nor is it too aspiring, to conceive that valuable contribution might be made by nurses qualified to co-operate in research in relation to human behaviour.

In the light of research that pronounces every period of human growth, every deviation from the human form as fraught with significance, observation and interpretation, those delicate but essential instruments of science must be finely attuned to be of value, but the privilege of their use is increasingly extended to new groups of workers, and that their findings may have value is acknowledged by recognised authorities.

Once point the way to such function and the field will intrigue and sustain the interest of the best minds. For instance, the problem of juvenile delinquency or emotional instability or immaturity in their relation to the family life suggest opportunity for the co-operation of an agent whose intimate and prolonged association with the family is unique. The child with tantrums, the retarded child, the child with defective posture, is today not less the problem of every nurse than the child with pneumonia. The influence of the nurse qualified or unqualified is greater than is always divined.

An interesting illustration of the opportunity for community relationship is the record of one year's accom-

plishment of a visiting nurse association. An age analysis of the 40,000 closed cases cared for by a staff averaging 175 nurses in one year showed 39 per cent. under five years of age. With the second largest age group from 20-45, 22 per cent. of which was maternity, the average number of contacts with each case was five. Such a staff would cover in five years 200,000 cases or 20,000 more than the entire population of a city the size of New Haven.

The two essentials in achieving our objective are the integration of nursing activities and the integration of nursing education within a given locality, and again integration with the new multiplicity of groups not less concerned with this objective. The best example of an integrated plan of nursing education and community service is probably that of the Western Reserve University, Cleveland, with its five-year combined course, obtained through the university, a chain of hospitals and an unusually well developed and co-ordinated community health programme, and there are numerous other less-developed projects, but giving promise of an eventually well-rounded programme.

The Student Body

As I indicated in my opening paragraphs I did not intend to present a past or present picture of university schools as such, but rather to discuss the profound importance of the furtherance of a programme of education that will commend the profession to that youth of today that by accepted measurements of mental and physical ability give best promise of effectively furthering the profession's ends. Of vastly more importance than the provision of teaching facilities and equipment is the type of mind attracted to the field.

It could, I think, be asserted that one of the significant changes that has taken place in human thought in recent years is the change concerning knowledge. The point of view to which I refer is most clearly presented, though in different ways, by two present day authorities. The one, Professor Dewey, characterises the former point of view as contemplative knowledge, in contradistinction to practical or applied knowledge.

> "There was bequeathed," he said, "to generations of thinkers as an unquestioned axiom the idea that knowledge is intrinsically a mere beholding of viewing of reality—the spectator conception of knowledge. So deeply ingrained was this idea that it prevailed for centuries after the actual progress of science had demonstrated that knowledge is power to transform the world, and centuries after the practice of effective knowledge had adopted the method of experimentation. . . . Our present feeling that associates infinity with boundless power, with capacity for expansion that knows no end, with the delight in a progress that has no external limit, would be incomprehensible were it not that interest has shifted from the esthetic to the practical; from interest in beholding a harmonious and complete scene to interest in transforming an inharmonious one."

Professor Whitehead, of Harvard, likens the present day attitude toward knowledge to a storehouse or a mine:

> "The whole change has arisen from the new scientific information. Science, conceived not so much in its principles as in its results, is an obvious storehouse of ideas for utilisation. But, if we are to understand what happened during the century, the analogy of a mine is better than that of a storehouse. Also, it is a great mistake to think that the bare scientific idea is the required invention, so that it has only to be picked up and used. An intense period of imaginative design lies between. One element in the new method is just the discovery of how to set about bringing the gap between the scientific ideas and the ultimate product. It is a process of disciplined attack upon one difficulty after another."

There is obviously no conflict between these conceptions, both emphasise knowledge as a dynamic force and both indicate the importance, if the finest fruits of labour are to be realised, of bringing the best available thought to bear upon the project in hand.

The great psychologist, Thorndike, for instance, asserts that the mind that has but one master is the servile mind—that originality and initiative, these important factors in creative or constructive work, by no means spring from native ability, but have been shown to be responsive and richly responsive to cultivation through association with the past and present thought.

The finest expression of youth today demands as did the youth of the past, a life of mental satisfaction; but viewing life through the eyes of science as it was not given the youth of the past to view it, it will not respond to the appeal of the emotions or be satisfied with the merely useful or commercially advantageous, demanding rather a field pregnant with the creative implications of scientific findings. In this it is responsive to the call of the day and hour, for science that has been so generously and effectively busy with man's purposes has embarked on the most challenging quest of the ages—the how and why and whither of man himself.

The place of nursing in this programme needs neither exposition or defense. Of the importance of a sound and diversified programme for the field there should be no argument. Epitomised, the desirable qualifications for a student entering a school of nursing are maturity, culture and ability. It is little short of incredible that today with many thousands availing themselves of the preparation most likely to ensure these qualifications that a college education or its equivalent s h o u l d not be acknowledged as at least desirable, if not essential, and that less than high school should be accepted as an entrance requirement to schools of nursing.

Nursing stands today on the outer edge of the third cycle of her social function. With hesitation in the past but with full assurance today I assert that in the immediate future the professional c o n t e n t determined as necessary should rest upon an educational function that ensures without peradventure immediate, intimate and continuous association with those means through which, and through which only, the opportunity of nursing will be justified by her contribution. To again quote from Professor Whitehead:

> "The justification for a university is that it preserves the connection between knowledge and the zest of life, by uniting the young and the old in the imaginative consideration of learning. The university imparts information, but it imparts it imaginatively. At least, this is the function which it should perform for society. A university which fails in this respect has no reason for existence. This atmosphere of excitement, arising from imaginative consideration, transforms knowledge. A fact is no longer a bare fact: it is invested with all its possibilities. It is no longer a burden on the memory; it is energising as the poet of our dreams, and as the architect of our purposes."

There could be no more convincing evidence of progressive educational thought in the field of nursing than this increasing alignment with the institutions of higher education, and in this alignment it does not differ from other fields of life activity, to wit, engineering, agriculture, home economics—which began with cookery and has now arrived at mothercraft—a fact important to emphasise, for only through a grasp and an exceedingly comprehensive grasp of social evolution in its educational expression, can we hope to correctly interpret and intelligently direct the path of our profession in the great onward sweep of civilisation.

It is indeed true that there has been and still is "a clash between the present ruling aim of specialisation and those integrating tendencies from which the future has most to gain"

Nursing must be seen as an integral part of an ever changing and expanding mosaic of means for an ever greater objective—an integral part, but not less a complete entity. The nurse, a specialist, expressing her function through many specialties.

each demanding a content imposed upon the content accepted at any given period as basic for that period. The nomenclature alone of any given branch of medicine is suggestive of the variety of divisions into which, whether dealing with the physical or the psychic, the art or science or both of nursing falls.

In discussing the problem of nursing education, Dean Winternitz, of the Yale School of Medicine, has emphasised these facts, finding the answer to the problem in the new relationship:

> "The public health problem is not only the problem of infectious disease, metabolism, etc., but it is also the problem of the adjustment of the individual to his environment from a psychic standpoint. This is the most pressing problem that public health, and nursing, and medicine have to face in the future.
>
> "Somewhere there should be an integration to prevent the disassociation which this development creates. There should be somewhere something sufficiently broad, sufficiently impartial, sufficiently free, unhampered by definite association with one or another of these great biological problems and still capable of understanding enough of their detail so that each will be benefited the more by the other's contribution. Such a superior organisation can only be supplied by a great university. This only can afford specific fields the tools necessary to their work by rendering available the results of investigation in pure science.
>
> "The proper association of nursing and medicine can only be attained through university affiliation. If these schools are sufficiently close geographically, and can have contact of personnel through the various university organisations, the best and the happiest conditions may be created."

It is impossible for us ever to hope to visualise even the section of this stupendous drama in which nursing is forced to play its infinitesimal part. To grasp in any measure the import of the tasks is to stand aghast at the limitations of our knowledge.
dare to hope, a finer civilisation.

To be brought into daily, hourly contact with defective bodies and distraught minds on the one hand, and on the other to sense but faintly the significance of these human relationships, to glimpse but the findings in the laboratories of study and research, is to press on with renewed courage, enlarged vision, and above all, belief in the creative power of the *collective* mind and will of man.

To interpret the promise of the period upon which nursing has now entered, we would have to reproduce the days not so far in the past when the sick-poor or the victims of pestilence lay in the streets in rags, their sores festering, their plea only for a cup of cold water. Even when later they were relegated to the asylum and the pest house, the condition of the sufferers was not greatly improved. Ills to which man was a prey for centuries have now been tracked to their lair and destroyed, while those that are still evading the eye of science are today housed with safety to all under the same roof, often in the same ward.

Today in truly beautiful surroundings may be found many who in another time might, would probably have, lain manacled and unattended in loathsome cells. Here we see frenzy reduced to serenity, hope restored to the despairing, inconsequence effectively motivated, and this is but the beginning of things that are to be.

We do, indeed, still live in the country of the blind and in the tower of Babel where many tongues are spoken and none are really understood of another, but none can deny the growth of psychic light. Of whatever aspirations, beliefs or conceptions enjoyed by the former generations, the advancement of knowledge may have deprived the present; it has at least set it to work on so great a project that their state in the hereafter, so important to our forefathers, has become a matter of small moment, for consciously or unconsciously this ardent army of youth is laying the foundations for a new, and let us dare to hope, a finer civilisation.

The Need for Publicity in Nursing

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Introduction

That the subject of this paper "The Need for Publicity in Nursing" should have been included in the programme of the Congress would seem to imply at least that it is one needing to have the strong light of profession in council (as we might justly consider an International Congress) thrown upon it. Exchanging experiences and bringing the matter to free discussion may enable us, perhaps, to realise more fully the significance of "publicity" with its advantages and possible disadvantages in the development of the profession as a whole. There is a section of our profession which regards our services to the public as the onlv publicity necessary or desirable, but perhaps further thought in the matter will serve to show us that if we stop at that boundary, we may be failing as a service of national importance to discharge our obligations to the community. It is the aim of this paper, therefore, to raise points for discussion which may enable us to determine a clearer policy in our relationship to the public generally. The term "publicity" is familiar in the realms of industry and commerce where it aptly defines what is now becoming a world campaign in making information known. Its use in the professional field of medicine in my own country, and possibly in others, has perhaps been more closely associated with unprofessional methods, and publicity intentionally employed by an individual member of the medical profession with a view to bringing his name before the community, is regarded as unethical and detrimental to the status of the profession. While our own profession respects this ethical standard, which safeguards in its principle the disinterested nature of true professional service, the word "publicity" remains a good one and for the purpose of this paper will be interpreted broadly as the act of making non-technical information known. The question before us, therefore, is the need for giving the public further information with reference to the nursing profession.

Passive and Active Publicity

There are both passive and active forms of publicity, the former being imposed upon us from the time we enter our training and render service in these and other institutions; it continues in our work as district, public health or private nurses when we move freely amongst a varying public in the care of the sick or the teaching of health. In this way the standard of our service and our methods of forming human contacts with the sick as individuals, is Publicity in Nursing interpreted in its highest sense. Our responsibilities with regard to it cannot be overestimated when we realise that it involves the exposure of technical knowledge which would not be revealed in an organised campaign of publicity intended for a wider and more uncertain audience through the medium of newspapers, posters, pamphlets and exhibitions. The need for the highest quality of this passive form of publicity may safely be taken for granted, and its value can only be increased by raising our educational standards, improving our technique in bedside nursing, and realising much more fully, both in our work and in our attitude towards the sick, that we represent the nursing profession to the public. It rests with us to show that there is a difference between the woman who is trained or training as a nurse, and the willing woman who may be called upon to nurse the sick without any training. If the public attitude towards the profession may seem at times unsympathetic it is possibly because someone has made an unfavourable impression upon the public, forgetting their obligations to

the profession as a whole. May it not perhaps be the school that is at fault here rather than the nurse, who so often displays the spirit of her school rather than her own personality which the school has failed to develop? Our attitude, therefore, towards this passive form of publicity can only be imbued with a determination to aim at the highest standard of professional excellence and a constant questioning as to whether such service is meeting the public need and is demonstrating that it is worthy both of understanding and support. Our consideration rests now with the need for increased activity with regard to organised or deliberate publicity, and to determine some basic principles upon which it may be developed.

Publicity Within the Profession

It will doubtless be conceded without opposition that further deliberate publicity within the profession is not only fully justified, but desirable. There can be few here who have not at some time or other appreciated the significance of such channels of publicity as professional journals, official reports, lectures, meetings, expert speakers or social gatherings. These are all powerful factors in developing a more conscious *esprit de corps* and afford opportunities for the pooling of experiences and the spreading of knowledge, which all serves in assisting us to develop our services to the public.

Representatives of Finland and students of nursing history here today will recall the earlier pioneer struggles for nursing reform in that country and the inspiration they received from the late Sister Agnes Karll, of Germany, who, when in Paris in 1907, said, "Only get a nursing paper and all the rest will come." From this inspiration was born "Epione," the Finnish Nursing Journal, which has done and is doing splendid service amongst our colleagues in Finland. There is little doubt that effective organisation of any profession relies almost entirely for its existence upon publicity within that profession and we cannot expect support from each other unless we employ channels for giving and receiving information.

We have occasion to acknowledge with gratitude the splendid efforts of those who, recognising the value of such publicity within the profession, have sought to utilise it, often at great personal sacrifice and against what at times seemed insuperable odds. Surely we may take it from our pioneers of the past, from the considered thought of today, that for the welfare of our service organised publicity is essential, that without it possibly we should not be assembled here today and professional organisation itself would be where it stood many years ago.

Publicity Beyond the Profession

Approving the need for further publicity within the profession, we must now consider whether publicity carried beyond the boundary is desirable or necessary. We must always bear in mind that the public understanding of our problems, and knowledge of such progress as we have made within the profession, both with regard to education and conditions of service, lags far behind the actual facts. There are thousands unaware of the registration of nurses as it exists today, and there still prevails complete ignorance of the organised teaching in our schools, together with all that goes to make up the qualifications of a fully-trained nurse. There is an "awareness" that we have passed from the stage of Sarah Gamp and Betsy Prig, our ancestors of eighty years ago, but practically no knowledge as to how or by what steps we have achieved our present worth and status. The rapid developments in education and organisation within our profession have revealed to us more forcibly than ever before the great potentialities of our service, and in our endeavour to materialise these, we are coming up against barriers, to remove which we realise we must have the sympathy and co-operation both of the medical profession and of the

public. We cannot expect a full measure of support unless our cause is understood and approved, and surely therefore it becomes a professional obligation to the community that we should interpret to them, simply and frankly, the services we place at their disposal and ask them to support. There are, for example, certain problems common to all countries represented at this Congress, though they may vary in intensity. The problem may be "How to supply adequate facilities for nursing education," invariably an economic problem, demanding under the prevailing system of most nurses training support from outside ourselves. Are we likely to obtain a full measure of public or state support unless we frankly make known the need for education and its worth to them? Another problem many countries are facing is how to attract the right type of woman into the profession. Are we likely to get an adequate response unless we make known to the educated public the facilities offered in our schools for a sound professional education, the development of university co-operation and post-graduate study and the satisfaction which the work of nursing itself brings to those who undertake it? Who better than we ourselves can make that known? In the field of public health nursing the same obligation is due to the public if we ask it to help us build an adequate service.

Organised publicity in "Health" on both sides of the Atlantic has perhaps made further strides within the last ten years than has been made in any other field of social or commercial activity. This progress has resulted in publicity in public health nursing, which, however, resolves itself into a "passive" form of publicity in nursing, and the development of the "active" form should not be disregarded. There are countries represented here today striving to obtain some form of state recognition. Why should the state grant it unless the protection which state registration affords the public has been made clear? Those countries which have secured registration would doubtless agree that without making known their cause—i.e. publicity—they could not have hoped to secure it.

Precautions to be Observed

Making information known within the profession is, however, a totally different proposition to making information known to a wide and varying public and here we must realise first and foremost that the responsibility is infinitely greater where it concerns a body of women rendering public service than if it concerned only the prosperity of those who would bring before the community a commercial product such as a new face cream or labour-saving appliance. In one case it is possible to standardise the excellence of the commercial product; in the other the human factor makes such a thing impossible, and the last thing to be desired is that we should in any way dehumanise or commercialise our services. For this reason alone we need to realise that there are many forms of publicity which we as nurses cannot safely employ without misleading the public and doing harm to the profession.

The greatest precaution must be taken in any form of professional publicity to observe the strictest accuracy as to the facts and value of the idea to be presented. It is a good policy never to offer the public more than one can genuinely guarantee, remembering always that the emotional appeal which may seem effective for the moment does not bring lasting results or the enduring response likely to follow an appeal based upon a genuine understanding of facts sincerely stated. In the same way spectacular demonstrations are to be discouraged since there are dangers, not only of encroaching upon the feelings of the sick we stand to protect, but of defeating their own object by directing the attention to the actual spectacle rather than the cause itself, which would have been regarded more immediately if presented with simplicity and directness. If pro-

fessional publicity is to be developed, we must for our own safety as a profession bring to it a live sense of our ethical responsibility combined with ordered thought and expert judgment. This brings us to "Methods of Publicity" outside the profession, where it is found desirable. One is reminded of the courageous piece of organised publicity undertaken recently by our American colleagues through the Committee on the Grading of Nursing Schools, the report of which has been published under the title of "Nurses, Patients and Pocketbooks" and covers a study of the supply and demand of nursing service in the United States. I stress the word "courageous" because in making and publishing this survey they must have known that while revealing weaknesses not only of the training schools but also of the personnel of the profession, if what was wrong was ever to be put right, making known the facts was to them essential. They were in fact taking the public into their confidence in the hope of obtaining their understanding and support. This frankness I consider illustrates the best and sincerest form of publicity, and without sincerity publicity, given time, is a bad investment and rightly to be deplored instead of encouraged.

Organised Publicity

Such publicity as we have achieved today, whether within or without the profession, has in the main been achieved not as the result of carefully developed plans based on considered judgment, but often by a blind imitation hampered by economic conditions and in many instances haphazard and uncertain. For example, in allocating funds for the development of any project, beyond those for essential postage, invariably none are allowed for making known the project, and such publicity which does develop is the result of additional work placed perchance upon the already overburdened shoulders of those appointed to carry out some other definite part of the project's programme.

Whether our aim is the establishment and building up of a training school, a professional organisation or a public health nursing association, or a campaign of any nature which reflects in the least degree upon the public, may we not safely consider that it is an obligation to budget and plan for publicity as seriously as we plan and budget for the project itself.

In the case of building up professional organisations, however, with which all our countries are concerned, the importance of considering publicity as an integral part of the machinery cannot be overstressed. In our endeavour to enlighten a general public we need constantly to remind ourselves of its variety and to realise its absorption in its own affairs rather than its eagerness to concern itself with ours. It has been well said, "We are concerned with public affairs but immersed in our private ones" (Sir George Newman). The task we have before us in any publicity campaign is to change the attitude of the public mind and not only to arrest their interest but persuade them to action. The Advisory Committee appointed to launch any successful campaign should represent, therefore, as far as possible the widest public interests, and since the object of any campaign is to gain the support and sympathy of the public, it is a good rule to employ, wherever possible, machinery which has already gained its confidence. This again illustrates the importance of attaching a publicity department to our own professional organisations. So that if it is an individual school, a small group of nurses or even an isolated member employed on a specialised piece of work she wishes to develop, the considered and varied opinion of experts may be brought to bear on its behalf, before it is projected through the medium advised as most fitting for its success.

If, for example, a newly established school possessing facilities for a sound education given under good conditions, but unable to obtain the right kind of material, appeals to the publicity department of a professional organisa-

tion, the machinery set in motion on that school's behalf would be through the Speaker's Bureau, School Co-operation, Newspaper Publicity, and the channels employed for reaching parents. If a district or visiting nurse in a rural area, anxious to obtain support for the development of her work, refers it to her organisation, the department, after considering the cause and justification for publicity, would be able to help her reach the public through the medium of newspaper activity, to give advice in preparing copy, to supply suitable literature, posters, outlines of demonstrations and speakers for talks to parents on the value of nursing care and the promotion of health. In the pressure of her routine duties the nurse cannot effectually carry at the same time the burden of active publicity, and her attempt to do so might result in more harm than good to the profession. It would be but another illustration of splendid intentions resulting in the publicity which we have already referred to as haphazard and uncertain. There are countless instances of the most pathetic waste of money and time on the part of zealous individuals who have been tempted into undertaking publicity for the profession by themselves, the result being that, as a result of their limited knowledge of developments and actual facts, the public has been misinformed and both it and the profession whose cause it was their intention to further have been badly let down. There are such infinite dangers surrounding publicity and so much at stake where it concerns a profession responsible for nursing the sick, that though it may safely be conceded that much more is needed in this direction, unless it is organised and safeguarded through professional channels and expert minds, harm may be done which might take many years to repair.

As I feel strongly that one of the most fruitful methods of publicity within the profession is through the medium of discussion, and there must be many present who have had more practical experience in organised publicity than I have, I should be grateful if some points open to debate which I have brought forward in the paper might be put to the meeting for consideration in the following order:—

(1) Is organised publicity in nursing beyond the profession itself, desirable?

(2) The justification or otherwise for utilising non-technical information only for the purpose of organised publicity.

(3) The advisability of individual members of the profession organising a campaign for publicity in nursing.

(4) Experiences of methods and results in publicity in nursing which might be useful to those present.

Rural Nursing

By ALEXANDRA M. WACKER,
State Hygienic Institute of Hungary, Budapest, Hungary

Rural Public Health Nursing in Hungary, owing to a number of reasons, does not include bedside care, although an occasional demonstration of some simple procedure may be given to a responsible member of the family or neighbourhood. Perhaps one of the most important reasons why this type of work does not need special consideration is the fact that we have properly trained and strictly supervised midwives. Therefore, maternity cases, which, as far as I was able to obtain data, count for far the largest percentage in Visiting Nurse Associations, do not need the attention of public health nurses at all. The law provides for "village physicians" and "village midwives," who have to treat people for fixed rates, and those unable to pay free of any charge. Hospitals, including diagnosis, treatment and beds, are available either through the National Sickness Insurance or the National Sickness Fund. The former includes nearly all types of wage-earning people; the latter one is secured by taxation and serves those who do not come under the insurance scheme, yet are unable to meet their expenses. The attitude of the people toward the hospitals is rather friendly, and the placing of the medical faculties with their hospital service of the three Refugee Universities into provincial cities has a very marked beneficial influence upon the attitude of the people of the surrounding country.

Distances are not so great, as even the remotest farmstead is but at a maximum of 15 miles from the village community, though considering some of the country roads, transportation is not always such an easy and pleasant matter as this would suggest.

It is then obvious that there would be very little need for visiting nurses work.

It may also serve as a further explanation of our policy that the work of health education is entirely new and not an added feature to an already well-established scheme of work, as it happens to be in many other places.

The state-wide organisation of rural public health work is started on the health-unit plan. It is done under governmental auspices, the Ministry of Public Welfare with the State Hygienic Institute as executive. The necessary appropriations are made by the State, the county and in some districts by the Rockefeller Foundation. The latter's contribution is on a diminishing scale for demonstration purposes only.

There are at present five such units in operation, the public health nurse working there being a part of the health-unit team. A central office to secure and supervise uniform standards and efficiency for the nurses is under organisation.

The work begins with a "Survey" in which the nurse has her due share. After determining the most outstanding needs of the district, an intensive health propaganda campaign is started to facilitate the acceptance of the new ideas, etc. This part of the work is carried on by the Health Propaganda Centre, which is a governmental agency.

The public health nurse or, better, "Health Sister," as she is called at home, has included in her programme tuberculosis, school health-work with "follow-up", communicable diseases, mental hygiene, nutrition and special diets, minor problems of sanitation, etc., strongly interwoven throughout with a social service programme. She works in the way of home visits, classroom inspections and teaching, group conferences, clinics, meetings, publicity, etc., as the opportunity arises. It is also planned that in every com-

munity where a nurse works home nursing and home hygiene classes should be given as a part of her programme, not only to the younger generation, but to the mothers and grandmothers as well when their interest is aroused.

The nurse's work in our country is of such nature that she must have a good understanding of all the various problems with which her country folks are confronted, and must be familiar with the intricacies of some of the laws, which is a tremendous help to us.

The Infant Welfare care is always simultaneously extended to the particular district by a semi-private organisation, the Stefania Association, which has a state-wide mandate for that part of the work.

Luckily enough, the "Health-Sister" has no trouble with birth registration, since registration of all births has been required by law since 1897, when the State Bureau of Statistics was first established, or with smallpox vaccination, compulsory for every child under one year of age and repeated during school life ever since 1876. She has no worries about ophthalmia neonatorum, the silver-nitrate order being faithfully observed. Yet she does not need to be envied by her American sisters too much, because there are still plenty of troubles and worries left to her, of which not the least is the sympathy-deserving fact that she has no car, and has to cover her many, many miles a day afoot, and what that means only we country nurses know.

Rural Nursing

By NIKICA BOVOLINI, Instructor, School of Nursing, Belgrade, Jugoslavia

The subject of rural nursing always brings my mind back to those isolated districts in Jugoslavia where, a few years ago, there was no one to bring a little light into the darkness and monotony of a life that was full of hard work and anxiety. Some of these districts had neither schools nor churches. The people knew nothing of the value of good books, because they were unable to read. They were equally ignorant of the benefits of living in hygienically-constructed houses. They had no social organisation where they might discuss progress in the home and in the community, and did not know the pleasant relaxation of games. Their own homes had no attractions for them because of bad housekeeping. Human nature demands variety and entertainment. Can it excite wonder if under such conditions the men turn to the only place in the village where they can find change and amusement—the stuffy, ill-lit wineshop, with an atmosphere reeking of alcohol and tobacco-smoke? It is astonishing that human beings could exist at all in such surroundings.

Ignorance of better living conditions leads to alcoholism and this, together with venereal diseases and other factors, help to produce weak and incapable generations, the economic and moral break-up of families, and finally the physical and intellectual degeneration of nations.

Everyone who appreciates this problem will understand the value to such communities of the notion of public health and of better and more hygienic living conditions—especially in places where human beings and animals herded together under the same roof, where infectious diseases and death, ignorance and slackness, reigned supreme. Teachers, doctors and nurses came, after free Jugoslavia had been formed, to these places as missionaries. Their ceaseless labour has laid firm foundations on which the happiness and prosperity of nations and of humanity in general will rest. The chief materials with which they are building are education and health measures.

A few years ago the members of the first graduating classes of the Public Health Schools were asked where they would prefer to take positions. Jugoslavia had been without one graduate nurse. They could choose capitals, but our young nurses, full of love for their fatherland, decided to go to out-of-the-way villages as the heralds of a new hygienic life. They decided to work among the people who had never heard anything about hygiene or nursing. They began their work with enthusiasm and they were sure of their victory over unhealthy habits and customs.

We were lucky in Jugoslavia to have most capable leaders as chiefs in this field. The people are looking for education and progress, and our doctors are anxious to have a great number of nurses. In such conditions, we took all the opportunities we could.

Our nurses in isolated districts are having health stations. The doctors from Health Centres come for clinical work and supervision, otherwise the nurse in charge has the whole responsibility. The work in these stations is providing clinical service, inoculation, control of contagious diseases and malaria. Every nurse is organising classes for mothers and young women on subjects of proper combination and use of home products, domestic hygiene and proper care of the child and of the sick. She is not doing bedside care, but in case of illness she is teaching someone in the home, demonstrating bed-making, etc. She is supervising the mothers and girls who have attended her demonstrations or regular course in home nursing.

Our nurse is very busy giving instruction and advice to the village men. She leads discussions about the sanitary location and construction of their homes, lavatories and barns, and the evil of improper use of women in heavy field work, especially women with young children.

Some of the nurses in their enthusiasm to avail themselves of more opportunities of coming in closer contact with people in order to spread their health gospel, gather the village men and women in evening classes. They teach them reading and writing, and afterwards provide them with health literature.

In secondary schools we already see the uniform of the nurse, where she is teaching the students care of the child and of the sick, domestic hygiene, and also contagious diseases and their control. In this way we prepare our young women to be good mothers and wives as well as helpers to the nursing profession.

The farther we go in our work, more and more we are realising that nursing is not only bedside care and strictly health education, but is connected very closely with social work, mental hygiene, etc. We also realise that results of the nurse's work depends not only on her professional nursing, but also to the extent to which she is introduced to all the problems that may arise in the community.

In hospitals and cities the nurse is supervised by doctor or nurse superintendent. She has opportunities of turning to them for advice, but in rural districts, however, she is often left to herself, and has to make her own decisions.

All the above factors are making it necessary to study very seriously what kind of nursing schools we have, whether they are giving to the students the knowledge which will meet the need of the community, and whether the leaders, who are responsible for nursing education are ready to understand that nursing is a science and that nursing schools have to be the centres for research in that field.

Rural Nursing as Health Centres

By MARY K. NELSON, Franklin County Memorial Hospital, Farmington, U.S.A.

The last United States census, taken in 1920, shows a rural population of over 51,000,000, or about 2.8% less than the urban population. In the Survey of October, 15th 1928, we read "More than 80% of the rural population is as yet unprovided with official local health service 'approaching adequacy'."

These limited health facilities of the vast rural districts is one important obstacle to the better distribution of the nation's total population. Surprising facts are revealed when a comparison is made between urban and rural health reports. The magnitude of this nation-wide health problem is evident when we realise how slow the progress has been in the last fifteen years.

The rural hospital is one of the most valuable aids in the solution of this difficult problem; these small hospitals, when adequately staffed and equipped with facilities for prompt and accurate diagnosis and treatment, serve as health insurance provisions for their respective areas.

The type of rural hospital most valuable to this health project brings us to the subject we have for discussion today, the rural hospital as a health centre. First in order of consideration, we will take the rural public hospitals found in the seventeen states where laws providing for such county hospitals have been passed. Such hospitals, supported by taxes and subject to political control, cannot give what the community hospital does give to the people of the area it serves. The reason is obvious, the people assume the hospital responsibility in response to a community need which they understand. This direct relation to the hospital from its beginning, and the following continued support, prepare them to learn more and more of the health value of its service to the community. With this growing knowledge there is found an increased intelligent use of the hospital and its different services.

The friendliness of the community hospital is no small detail, but rather a very important asset; community persons as patients and their families learn health lessons under impressive surroundings, and the necessary personal contacts greatly add to the value of the future of this work.

A close relation between the hospital and the health programme of the widely-scattered public schools is an important factor for consideration. Just here we might picture those little schools spread over our great country, many of them as yet the only possible centres for health in their localities. We see them, the splendid work of many hundred county and local public health nurses. Those nurses are the persons who would gladly see these schools become sub-stations for a central health service station, a community hospital. They are the persons who can appreciate how such a connection between school and hospital will afford the present children the opportunity of acquiring a very high estimate of the hospital's value to their health and to the health of those about them. Such an attitude of our coming generation would mark an important constructive phase toward the future service of rural community hospitals.

For rural nurses group effort is an inspiration, even if only in the form of regular hospital contacts and conferences. The corrective work for children comes early to the attention of all. The good laboratory and isolation service provides a valuable check on communicable disease. Then the community problem of venereal disease can, like communicable disease, be assumed by the hospital. Its facilities which make possible earlier diagnosis and treatment of cancer and organic diseases, form an increasingly import-

ant part of its service. Efficient care of accidents in this day of travel is another of its health provisions.

Yet leading all the others is the maternity service. The problem of the pregnant mother without medical attention at birth cannot be solved without this hospital service. The present hundreds of rural nurses doing infant welfare work will gladly welcome the establishment of more community hospitals with their facilities for pre-natal, maternity and post-natal services.

In the rural homes the care of the sick and the attention to the convalescent is not only a pressing need but a remarkable teaching opportunity. The hospitals with nurses for home follow-up and bedside work are able to give complete health service to their communities, but the uusal way of meeting this need is by close co-operation between county and local public health nurses and the hospital.

One outstanding example of the rural hospital health centre is the Greater Community Hospital in Creston, Iowa. Here, beginning with a five-bed hospital, there was gradually developed such a large health project that the hospital has become a modern medical centre, large numbers of doctors and nurses get their preparation for future work while serving a very considerable area surrounding the present large hospital.

The part the rural community can do in getting the hospital established is too frequently not adequate, and many such communities need assistance. The Commonwealth Fund has a Division of Rural Hospitals, and the Duke Endowment has a Hospital Section; both were fairly recently created to help with this rural hospital problem.

In closing, I would like to leave with you the words of Dean Goodrich at the Hospital Association meeting several years ago. She had summarised the community needs of the different services in the hospital, and concluded by saying, "All these things demand, that the hospital of strategic importance in health problems, function either as a health centre within a given area, or at least as a definite link in the chain of health activities required for a community health project".

For me she has clearly visualised the rural hospital in the first sentence, which I will repeat: "All these things demand that the hospital of strategic importance in health problems function as a health centre within a given area".

Rural Nursing from the Viewpoint of the Public Health Nurse

By ELIZABETH L. SMELLIE,
Chief Superintendent, Victorian Order of Nurses for Canada

"Rural Nursing from the Viewpoint of the Public Health Nurse" was presented by Miss Elizabeth Smellie, who first described briefly the official health organisation in Canada under which "the health unit plan is rapidly growing in favour and will undoubtedly mean the extension of educational and preventive work to areas at present barely touched. One essential to insure success in the development of this plan appears to be the securing of exceptionally well-qualified personnel."

Two national voluntary organisations figure largely in health work in Canada: the Canadian Red Cross Society and the Victorian Order of Nurses for Canada. (*Editorial Note.*)

Miss Smellie said:

"The strength of the rural as of the urban voluntary organisation, or its weakness, if not well organised and nurtured, is the local administration. Therefore, the greatest possible care needs to be taken in organising to secure a representative and active committee; men and women, repre-

sentatives of official groups, various church bodies and of different racial groups resident in the community, with, and this is most essential, a capable, public-spirited leader. Without wise guidance the best nurse is powerless to work as effectively as she otherwise might, and she will eventually become discouraged. She on her part needs tactfully but persistently to keep alive and stimulate the interest and to familiarise her committee with her work and its problems, so that this community enterprise is recognised as a joint undertaking. If she has a wide-awake Board, the nurse not sufficiently alive to her responsibilities is apt to prove a disappointment and a misfit. To hold together and maintain the interest of a committee in a wide-spread rural area where, during the greater part of the year people are extremely busy during daylight hours, and at other times of year frequently inaccessible, is no easy task. The visits of the supervisor mean a great deal to these scattered groups and nurses, provided she is an understanding woman and aims to time her visits to fit in with local conditions.

Some of the Problems of a Rural Organisation

"1. Including too large an area in the beginning.

"2. Launching work before sufficient ground work has been done.

"3. Securing additional local aid later on, unless in the beginning every effort has been made to canvass and organise the local group and to stimulate them to utilise every possible local means of securing financial assistance before outside help is guaranteed.

"4. Limiting the work to one section of a municipality or township with the expectation of receiving a grant from a township council representing all sections, some of which are included in the plan.

"5. The difficulty of developing a county spirit when one section, more populated, better organised, and more prosperous, is anxious to develop its local plan rather than to consider the health needs of the county as a whole.

"6. Inability to cover the ground in bad weather—possibly several months of the year.

"7. The absolute impossibility of providing adequate nursing care and of deciding which service is most essential when educational work is being neglected and the requirements are quite definitely not being met.

"8. The finding of suitable living quarters for the nurse.

"9. Arrangements of such headquarters in a sufficiently central spot to give each section fair proportion of service.

"10. To judge properly how long financial help should be given and how gradually withdrawn.

"11. The problem as to the administrative group—whether it shall be the municipal or township council with a representative advisory group, a central voluntary organisation representing three or four municipalities included in the area with either a small number of representatives from each section or a combination of small auxiliaries in each area, these in turn having one representative in the larger association, to attend central meetings to present their viewpoint.

"12. The difficulty of securing representative and regular attendance at meetings because of inaccessibility.

"The type of committee and its organisation must be sensed after local contact and careful survey of the general situation. It is better that no rigid plan of procedure be adopted.

Teaching

"Undoubtedly more ground can be covered and more contacts made by nurses doing purely educational and demonstration work. Moreover, if these nurses are provincial representatives they come into the community with prestige because of that, and are well received. In the beginning at least their services cost the community nothing, and in general the women in outlying districts are eager to benefit from their instruction. Such work is carried on under the direction of the district or local officer of health and with the co-operation of the physicians resident in the com-

munity. The personal contacts of the provincial nurses, from the educational viewpoint, blaze the trail and demonstrate the need just as demonstrations and travelling clinics held in different areas by the Provincial Departments tend to stimulate and develop general interest in public health work, the human as well as the economic value of preventive work being emphasised.

"Bedside nursing would not appear to be the ideal pioneer service to-day, with the exception of certain areas where its need is especially indicated and in which possibly progress through other methods has been slow because of lack of appreciation or understanding on the part of the people concerned. There are also smaller places in which there seems little prospect of growth of population or of the people being able to finance the work themselves for many years to come, but where the requirements are sufficiently limited so that one feels the nurse doing generalised work, including bedside nursing, might prove to be the more satisfactory type of public health worker to meet the local situation.

"The development of the health-unit plan may quite reasonably be expected to lead to the establishment as time goes on of a visiting nursing service in one or more sections of the unit area, and there would seem to be no reason why such nurses could not work in closest co-operation with the county unit group. From the beginning a bedside nursing service stimulates a community to contribute individually for service rendered. There is a tendency to take for granted that any service provided by a government or in which a government shares, should be voluntary and it is very difficult to overcome this feeling once it is firmly entrenched. As stated before, bad roads and the question of transportation present difficulties in many places. Nurses in some of our Western districts, unable to use their cars, travel to outside points during the months when they are unable to use their cars, by rail, horse and sleigh, snow-mobile or dog team. In one district a plan was adopted during the winter whereby the nurse moved from one small village to another, remaining in each a month. The women were particularly keen to have home nursing and first aid classes, and in this way it was possible to give them more concentrated and definite instruction. Those in the immediate area requiring nursing attention sent for and conveyed the nurse to her case.

"One would feel that it is necessary for us to make up our minds in Canada that with our broad extent of territory, the differences racially, geographically, and from the point of view of accessibility, that no one orthodox plan cad be laid down and universally accepten as the ideal type of health organisation for every part of each province.

Bedside Nursing

"In an article in the Nation's Health in 1927, Miss Gamble said, 'It would seem to me that to give a fully rounded public health nursing service, bedside nursing should take a definite part of any educational programme. What better way have we to teach than by demonstration? However, with a large field, a limited staff, and a heavy programme we must realise the practical limitations of any nursing service and endeavour to maintain well-balanced public health teaching, which, to the extent it is humanly possible, should include bedside nursing.' This idea seems increasingly to prevail, and from the types of request that come to us, the better organised, from a health and social point of view, the community is, and the more active these forces, the more speedily the realisation comes of the need of an efficiently organised, well-supervised bedside nursing service. More hospital beds are needed, but even more urgently, one would say, doctors and nurses for isolated areas. This means larger government appropriations for health purposes to pay adequate salaries, to ensure professional attention for people requiring it but possibly unable to pay for it, or beyond the reach of it. Our Provincial Departments of Health need to continue to study the requirements of the different communities and to

assist them insofar as they are able, not failing to recognise the value of the voluntary organisation as an auxiliary force, and to recommend appropriations in proportion to the work accomplished. The official Departments of Health need the interest and moral support in their efforts of the public-spirited men and women throughout the country who are leaders in voluntary services. For instance, many of the larger centres are extremely local and there is little eagerness to extend the work outside their own limits. County councils are rather loath to accept additional financial responsibility, but with patience they can eventually be won over. Until such time as county or municipal hospitals are available, outpost assistance will be needed, just as for many years to come, it would appear that bedside nursing service in the homes must be provided, and that it would need to be carried on under voluntary direction.

"Living arrangements constitute a great problem for nurses in smaller and more rural areas, just as in the case of school teachers. The necessity for a sufficient and graded salary must be recognised. Regular supervision, opportunity provided for attending an occasional refresher course, of a short time off in midwinter or early spring in addition to the regular holiday, of extending help of every possible kind in the educational way, are essential to the well-being of the nurse working alone under adverse conditions or in an isolated spot, in order that she may carry on her work effectively.

"Were there a sufficient number of professionally well-qualified nurses to meet the demands of the rural as well as of the urban nursing field, a most urgent necessity in different sections of the country would still be a well-planned and professionally-equipped training centre to provide field experience in rural nursing.

"To secure the better distribution of physicians and nurses available is a problem requiring the combined wisdom and co-operation of provincial governments, health departments, schools of medicine, medical and nursing associations, directors of training schools for nurses, and the leaders in public life. No one group can handle it alone."

The Preparation of a Curriculum

By E. STANLEY RYERSON, M.D., C.M.,
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Women possess a native ability to care for others. The problem in the construction of a training course for nurses is to advise a scheme of personal, practical and educational experiences to which a selected group of women, who are deemed to possess this native ability in a special measure, should be subjected so that they will be able to care more efficiently for others in a state of sickness. The selection of applicants is made on the basis of their suitability, as judged by their personality, their character, their health and physique, and their previous general education.

The provision of personal experiences is necessary for the development of characteristics that contribute to the enrichment of this aspect of the prospective nurse, in order that she may become a finer woman, as well as a trained nurse. Practical experiences are provided by the daily work in caring for patients in the wards of a hospital. Educational or academic experiences are supplied by lectures, demonstrations, classes and clinics. The preparation of a curriculum is dependent upon the relative values apportioned to each of these three aspects and the attainment of a well-balanced result. Should the personal side be neglected, the resulting product will lack that personal and human touch, which is so essential in the care of the sick: should it be over-emphasised, then the technical nursing of the patient is apt to suffer from being too casual. If the practical nursing constitutes the entire training, the nurse so prepared will tend firstly to magnify the mechanical procedures of nursing so that the human side is inadequate; and secondly, to receive insufficient fundamental knowledge of diseases with their causes, symptoms and signs. If the educational and academic instruction becomes the predominant feature of the course in the first place, both the personal and practical features suffer in consequence of being made subsidiary with the result that the nurse is incompetent to perform her necessary functions: in the second, by gaining too great a scientific knowledge of diseases, the nurse has a tendency to become too professional in her attitude to the detriment of her services in a nursing capacity.

Only in recent years have attempts been made by authorities to study curriculum construction as an educational problem. Most curricula have evolved from past experience and imitation. The basic principles are not agreed upon by educationists, one of the greatest barriers to progress being the prestige given to tradition. The construction of a curriculum on the basis of an analysis of the objective to which it is desirable to attain, is gaining more and more in favour. Even after the aim or objective of a course is decided upon, the difficulty in deriving a course logically from this is of no mean proportions, because of the fact that the statement of the objective is in terms of "ideals" or standards of conduct, as determined by the governing body or individual teachers, whereas the details of the course are drawn up in terms of "activities" or procedures which have to be carried out from day to day. The bridging of this gap may be attempted in various ways: one consisting of listing the activities and then determining the ideals to which these are related; e.g., such activities of the nurse as taking temperature, pulse and respiration, train a nurse in the ideals of accuracy, of observation, skill, thoroughness; another, in the converse by listing the ideals and co-relating the activities. Nursing administrators deserve commendation for the thoroughness with which they have analysed the details of the

activities of the nurse for the purpose of constructing a Training Course. In doing this, there has been possibly a little too great a tendency to over-emphasise the physical activities in contrast with the personal and mental ones, which are just as essential in an efficient nurse. The acceptance of the principle in education of "learning by doing" has greatly influenced modern educational methods. The provision of experience for educational purposes instead of trying to fill the memory with facts, is becoming more and more widely accepted.

This newer method in education tries to supply a training of the ability to think and judge with actual life situations, i.e., in the use of ideas in the control of practical situations. One of the greatest difficulties in constructing courses of instruction results from teachers in many branches of education, including those in nursing, medicine, etc., failing to recognise and accept the maxim that experience teaches. Many women became efficient nurses in hospitals where no academic instruction was given, because they succeeded in learning by experience. Courses have been improved by the addition of didactic and laboratory instruction, but care must be taken that the amount and character of this type of teaching does not interfere with the training and education the nurse receives from her own experience in the wards. Actually nursing patients gives a nurse enjoyment and satisfaction and creates in her a spirit of interest and enthusiasm, an asset in a training course that should be jealously preserved. Too much system and routine or an excessive amount of teaching may dampen an interest that should supply the healthy motive throughout the course.

The accepted principle that educational experiences should take place under conditions that are as close to normal as possible, can be applied in the training of nurses to a greater extent than in most other fields of education. Artificial arrangements, such as the manikin, etc., are unnecessary and should be used as substitutes for living patients only under exceptional circumstances.

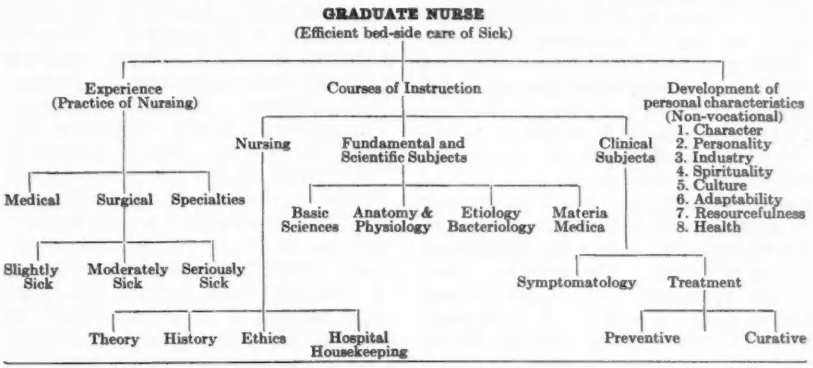
Authorities of modern educational methods are satisfied that the general faculties of memory, reasoning, observation, etc., are not capable of development by practice on one kind of material or subject so that they can be employed afterwards in quite another type of material or subject. For example, a nurse's memory of symptoms of which a patient has complained in the last 24 hours, is not made a better memory because she has had to memorise the doses of certain drugs in Materia Medica; her ability to reason logically the explanation for a pain from which the patient is suffering is not improved by practice in calculating the proportions of a diet for a diabetic patient.

Under the older views of education the giving of information was assumed to have an influence on the conduct of a student. The newer idea is gaining ground that the function of instruction is not fulfilled until the information given has modified the conduct of the student. This principle has to be borne in mind when consideration is being given to the particular subjects that are to be selected for instruction, so that each subject and its parts will be placed on the curriculum because of the fact that its presence will have some definite influence on the conduct of the nurse who is receiving it. A study of the manner in which each subject is used should be made with this object in view. For example, instruction in diseases as given to nurses should not consist of a discussion of the etiology, pathology, symptomatology, diagnosis, prognosis and treatment such as is given to medical students, but of the prominent symptoms and signs and the explanation for their presence. A further description of this will be given later.

The efficient bedside care of the sick patient is the main aim of the nursing course. The many nursing procedures and physical activities and the academic instruction supplied in lectures and demonstration classes are means to this end. In order to attain

this chief objective a realisation that the patient is the focal point of the course requires emphatic endorsement on account of the growing tendency to overshadow it by courses of instruction and the technique of nursing procedures.

The following schematic outline of



Nursing Education is presented for consideration and analysis. Three main divisions are suggested, viz.:

I. Experience;

II. Courses of Instruction;

III. Development of Personal Characteristics.

The practical training which the nurse undertakes in the medical, surgical, obstetrical or other wards of the hospital, provides an ideal opportunity for her to acquire the necessary experience to become efficient. The basis of this aspect of her training lies in the fact that it is with patients. She assumes the responsibility for the care of a human being: she performs the necessary acts to assist him or her back to health, and by so doing gains a particular experience, a repetition of which, with many types of patient, enables her to become more and more proficient. Practical work with patients forms the back-bone and body of the nursing course, to which academic instruction and personal development supply the finish and humanity. The inclination in recent years to substitute more and more instruction by lectures and demonstrations for practical experience requires careful watching for fear that the course becomes largely an academic one with the practical nursing as a subsidiary part.

The present practice of grading the practical work of the nurses in the hospital on the basis of particular nursing procedures, such as the making of beds, the taking of temperature, pulse and respiration, the changing of surgical dressings, etc., makes the nurse responsible for the efficient performance of certain mechanical procedures upon a number of patients, in consequence of which the responsibility for the patient is minimised and made subsidiary to the nursing technique. The repetition of the work by this system from day to day throws the care of each patient more and more into the background and makes nursing an impersonal affair, so that the nurse thinks more of the neatness with which she has made the bed than whether the patient in the bed is made comfortable or not. This system of grading the nurse's work by procedure is an attempt to imitate the principle of standardisation in the manufacture of motor cars (e.g., Ford), in which each step in the production of a car is carried out by successive groups of workers until the car is completed. The application of this principle to nursing of patients reduces nursing to the level of an impersonal, mechanical form of procedure, and detracts from its intensely personal nature.

The basis of the grading of a nurse's practical work on patients should be made upon the degree of mildness or seriousness of the illness from which he or she is suffering. Probationers might be assigned to convalescent or chronic patients who need little more than ordinary personal care, such as washing, bed-making, etc., the junior class of nurses with this experience are then detailed to moderately sick patients upon whom they are required to make observations of their signs and symptoms, to record objective findings and to administer simple types of treatment; and the senior class, who have gained experience of cases of many kinds and have shown their capabilities are sufficiently equipped to nurse cases in the most precarious stages of disease. The devotion of her entire attention to a single serious case should complete the practical aspect of the training. Responsibility for the care of the patient should form the key-note of her experience in the hospital wards.

In some curricula, practical nursing would appear to be synonymous with technique in general nursing procedures. In the outline of a course on elementary nursing fifteen lectures are suggested on such subjects as dusting, care of patients' clothes, care of rubber goods, care of the dead, etc., while only six are concerned with bed-making, bathing, care of mouth, prevention of bed-sores, which are of use in the care of the sick patient. In fact, no heading indicates that instruction is given at all on how to make a patient comfortable or to assist him to regain his health, or nursing per se. Technique is the dominant feature, and the patient a mere incident upon whom the procedure is to be performed. A similar tendency is apparent in the lecture courses on Medical, Surgical, Obstetrical nursing, etc., in which the minutest details of technique are described, but the patient scarcely seems to be sufficiently important to be worthy of discussion. The object of the course in Charting is "to teach the nurse the importance of accurate records from the viewpoint of science and law". The fact that accurate records might have some value in determining the progress of the patient and in influencing the treatment that might be instituted for him, again is thrown into the background.

II. Courses of Instruction.

A. THEORY OF NURSING

Concurrently with the practical work, instruction should be given by a limited number of lectures dealing with the broad principles of the care of the patient. The object of such lectures should be that of helping the nurse to perform her duties more intelligently, and consequently more efficiently, and not of presenting the details of the technique of medical, surgical or other procedures, which can be learned better by "doing" than by listening to a lecture on them. Most lectures of this type should be inspirational, rather than to impart knowledge.

B. FUNDAMENTAL AND SCIENTIFIC SUBJECTS

1. Chemistry, Physics, Biology.—One or two lectures on each of these subjects should be sufficient to give the nurse some conception of their basic principles and the relationship they bear to the chemical, physical and biological processes that go on in the human body during health and their disturbances during disease. These should be rather of the popular nature and not with the intention of creating a scientific point of view or making the nurse feel that a knowledge of these is required in order to make her work scientific.

2. Anatomy and Physiology.—The nurse's knowledge of these subjects should be sufficient to enable her to perform her duties efficiently.

Just how much this consists of has not yet been definitely determined. A careful study should be made of the various ways in which a nurse uses her knowledge of the structure of the body and the functions of its organs and systems in order that a course of instruction may be defined which will fulfil logically the purpose for which it is intended. No attempt should be

made to give more than a broad conception of the most important anatomical structures and of the manner in which the organs and systems function in a healthy living person.

3. Causes of Disease.—The nurse should be given a general idea of the ways in which disease and sickness are caused and the effects that such causes have on the structure and functions of the body in the production of signs and symptoms. The relationship of age, sex, environment and occupation, injury, bacteria, etc., to the occurrence of disease should be discussed in general terms. Endeavours to teach the nurse the morphology of organisms, their culture and identification are not warranted. The changes in the structure and alterations in their functions of the organs and systems of the body should be described in a broad and comprehensive manner without delving into their details.

The mechanism by which the common symptoms and signs of disease are caused by altering the structure of the part might be explained, e.g., the redness that occurs during an inflammatory reaction, the swelling from this or from tumor formation or from failure of the normal heart action. And similarly, the production of symptoms that takes place in consequence of the disordered function of an organ or canal such as a diseased lung or obstructed intestine.

4. Materia Medica.—The relegation of this subject to a comparatively unimportant position in the course for doctors by medical educators and replacing it by Pharmacology and Therapeutics has not been taken cognisance of in the construction of Nursing Curricula. Much attention is given to instruction on drugs that are but rarely prescribed by the physician, so a selection of the few important drugs that are commonly used at the present day is an essential step towards a revision of this course. Observation of the action of drugs used on the patients in hospital is of far more instructive value than lectures of a theoretical character.

C. CLINICAL SUBJECTS

SYMPTOMATOLOGY.—This heading is chosen instead of Medical Diseases, Surgical Diseases and their various subdivisions because lecture courses of this kind that are drawn up with the object of systematically covering the various diseases are largely valueless for the nurse.

Medical educators are recognising the futility of academic systematic courses of lectures regardless of their practical application and substituting practical clinical work on patients in their place. Nursing educators might take heed of this action and realise that nurses gain their most valuable knowledge of diseases by their practical nursing of patients suffering from them. Just as the attempt to give instruction in each disease to every medical student has been replaced in the medical course by instruction in their principles and the ways in which these are applied in certain type cases, so instructors of nurses should teach the main aspects of the commoner diseases by clinical classes in the hospital wards and by clinical lectures on patients, illustrating the subject under discussion. "No lecture on disease without a patient" is an ideal difficult of attainment, but the underlying principle involved should be borne in mind in arranging courses for nurses on diseases.

This might be effectively carried out by (a) Clinical lectures; (b) Clinics or Ward Rounds.

(a) Clinical Lectures.—Instead of giving a course of didactic lectures on Diseases of Digestive System, under such headings as stomatitis, gastritis, gastric ulcer, carcinoma, diseases of liver, describing the etiology, pathology, bacteriology, symptoms and signs, diagnosis, prognosis and treatment of each of them, patients should be used to illustrate their main signs and symptoms, such as a pain and redness of mouth and tongue, vomiting, pain in abdomen, distension of abdomen, jaundice, etc.; instead of lectures on Respiratory System, e.g., bronchitis, bronchiectasis, asthma, pneumonia, pleurisy, patients illustrat-

ing cough, expectoration, pain on respiration, rate of respiration, cyanosis; instead of lectures on abscess, ulceration, gangrene, cases showing redness, swelling, sloughing surface, dead tissue, wound discharges.

(b) Ward Rounds.—So that a nurse may see and observe for herself as many conditions as possible, ward rounds with one of the medical staff or the nurse in charge of the ward supply a most valuable method of instruction, which is not used to anything like the extent to which it might be. By this method, the nurse becomes familiar with the changes in symptoms and signs over a period of days or weeks and realises that disease is not a fixed entity but an evolving process that grows better or worse from day to day. She familiarises herself with symptoms and signs as they occur in patients and does not have to listen to theoretical lectures or to memorise text-book notes that are difficult to apply to patients.

Prevention of Disease.—The recognition that prevention of disease is better than cure is one of the outstanding advances that is causing a revision of the curricula in medical schools, as well as a change in the character of practice of the general practitioner. Its recognition in the education of nurses deserves thought and consideration.

The nurse should know how to keep herself in a healthy condition so she will not fall a victim to disease and be unable to continue the performance of her nursing duties. The nurse also should be prepared to direct patients in the principles of health preservation and disease prevention. Most of the principles of Public Health are valuable only for those nurses who specialise in this particular field, and instruction in them should be undertaken as post-graduate work.

Treatment.—On admission to hospital, patients are sent to certain wards, in accordance with a tentative diagnosis of a disease for which treatment of a medical, surgical or other nature is indicated. To a large extent such a subdivision of patients is the result of hospital organisation, and is for the convenience of the attending staff of physicians. Every person that enters a hospital for treatment is primarily a patient. The personal care in its broad sense that this patient receives is the same whether he is on a medical, surgical or other ward.

In the instruction on these general methods of treatment, the attention of the nurse should be focussed on the patient who is receiving the treatment instead of on whether the treatment is medical, surgical or otherwise, or whether the nursing is medical nursing or surgical nursing or special nursing. The introduction of such a course into the Nursing Curriculum has sound pedagogical principles to support it, as well as the advantage of economy of time.

Doubtless, certain cases require treatment that is used only on the medical wards; others, treatment that is given only on the surgical ones, and so on, but these specialised types of treatment can be learned most advantageously at the time when the nurse is on duty in the wards where such cases are.

III. Development of Personal Character.

The extra-curricular development of the nurse during the period she is in training is deserving of careful thought and consideration. At this time she is not only learning to be a nurse, but also is maturing as an individual member of society. A recent survey made by the Commission on Medical Education gave the replies of a large number of doctors with reasons for their success in practice. The reason most commonly given was character, followed by personality and industry. It was interesting to find that knowledge ranked about fourth or fifth, indicating that individuality counts as much or more for success as the knowledge one happens to possess. The inherent qualities that a nurse has as the result of her birth, upbringing and school education, develop still further during her course of training. Opportunities should be provided for this development to take place by supplying facilities for reading the literature of the day, for taking part in sports and for the enrichment of her life in its moral and spiritual aspects.

Trends and Development in Vocational Education

By W. W. CHARTERS, A.B., LL.B., B.Pd., Ph.M., Ph.D.,
Professor of Education, University of Chicago, United States

Trends in vocational education in the United States radiate from the Smith-Hughes Act of February 23, 1917, as the empowering legislation which created the Federal Bureau of Vocational Education. Prior to that date, vocational education exhibited no trends other than those that had been in evidence for decades. Manual arts had been introduced earlier but had been vocational only in theory; private industry used the usual trial and error methods; and some apprenticeship activities were in evidence in the trades, particularly in those which were unionised.

With the establishment of the Federal Bureau in July, 1917, a new era of education for and in the vocations was inaugurated. By the Smith-Hughes Act vocational education achieved educational status and certain well-defined trends are now apparent at the end of a quarter century.

One characteristic of vocational education is the increasing use of job analysis as the basis for curricula. It is now the customary procedure in scores of vocations to make a careful analysis of the activities, operations, duties, problems, or difficulties of a vocation. The results of these analyses provide specifications for the curriculum. The learner is to be taught how to perform the listed activities. These become the topic of the curriculum; the methods of performing the activities are the content of the curriculum. Thus the curricula in agriculture constitutes a constellation of courses whose objectives are to prepare students to be dairy farmers, poultry raisers, and the like, and whose content is specified by an analysis of the duties, activities, or problems of the dairy farmer, the poultry raiser, and so forth.

When time permits the opportunity may be seized to broaden the course of instruction beyond the mere learning of operations of the trade to the conclusion of auxiliary and fundamental information which explains the reasons why the vocationalist uses the techniques he does. The machinist is taught the underlying mathematics, science, English, or art that he needs in order to understand the operations which he performs, and to use them intelligently. The status of the craftsman is thereby raised from that of a mere routine mechanic to the position of an intelligent tradesman.

Thus the trend in the curriculum is toward a logically organised body of materials which is selected upon the basis of activities of the vocation. That this trend is not conspicuous in every vocation does not alter the fact that it is a persistent trend which is accepted in theory by vocational theorists, and is increasing rapidly in range of application.

In vocational instruction the most conspicuous trends have developed from the project concept. The essential nature of the project consists of the idea of learning in a natural setting.

The application of this technique of instruction has resulted in the development of two trends: In the first place vocational education is emphasising practical skill as opposed to theory on the one hand and amateurishness on the other hand. The youth who operates a machine during his learning process is graduated from school with a degree of practical skill which enables him to carry on at once with his vocation. It is obvious, of course, that in the apprentice type of vocational training this practical skill has always been secured but in school training for the vocations the idea was new in its inception. In school students learned only from books prior to the Smith-Hughes enactments.

The project idea, in the second place, establishes a new trend in the selection and presentation of subject-matter. From this practical point of view, subject-matter is selected and used as needed. For instance, the machinist is taught only the mathematics necessary for the operation of his machine; he is not given a general course in mathematics. The youthful farmer learns those facts about physics which are of use in running farm machinery and performing other farm operations. The home maker is taught those facts about chemistry which will make her intelligent in the preparation of foods, in maintaining sanitary conditions in the home, and the like.

Another trend observable in vocational education within the schools is the inclusion of a generous amount of so-called cultural subject-matter in the curriculum. In the Smith-Hughes courses in the high-schools half the time only is spent upon strictly vocational courses; the other half is given to cultural courses. These are included because in American education the conviction is substantial that the worker is first a man and second a craftsman. He has many important duties and interests which are not included in the vocation, and for these it is felt that training should be given. Particularly serious is this consideration in view of the fact that the working day is being so shortened as to provide hours of leisure which should be filled by worth-while activities and interests. Millions of men and women have time on their hands which, it is felt, they do not know how to use in a profitable manner.

When we turn from the field of vocational education in the schools where job analysis, project techniques of instruction, and the introduction of cultural material into the curriculum are conspicuous tendencies, we may consider the field of vocational education in the industries. Here we find complementary tendencies at work. That is to say, while vocational education in the schools is seeking to embrace practical skill as an outcome, vocational education in the industries which normally provide skill is seeking to incorporate theory or school learning into its curricula. Private vocational education is learning from the Smith-Hughes schools.

Courses of instruction have been introduced into many private organisations. Not so long since, salespeople in department stores were hired and immediately placed behind the counter. Today salespeople are ordinarily assigned to classes for two days or more before beginning to sell, and later during their employment they are given extended courses in salesmanship, colour and line, arithmetic and the like. In numerous large institutions prospective executives who seem to display administrative talent are taken off productive jobs and placed in executive-training courses.

More significant than course instruction, though not so well developed, is what is known as training on the job. This term denotes the techniques used for foremen, supervisors, executives, and the like in giving individual attention to subordinates. Obviously, course instruction is useful as a supplement to experience; it is not a substitute. Any art is learned only by practice of the art.

The call for supervision and training grows more insistent as industry speeds up and production costs are calculated to two and three decimals. The executive must, as a matter of necessity, see that the most effective methods of production are used by all his men.

In the private organisations, however, little attention is paid to the cultural elements of education. Here and there non-vocational courses are given. But ordinarily business organisations are concerned only with vocational training. They are quite willing to use company time for the giving and taking of vocational courses but they leave liberalising courses to the interests of employees outside of business hours.

So interested has business become in training that in several centres and in many organisations research departments are maintained to perfect better methods of instruction. A number of commercial organisations find the providing of training materials and technique for business clients to be both useful and lucrative.

Thus we see that business organisations show tendencies toward the increasing use of class instruction, individual instruction on the job and to research in methods of training.

When we turn to liberal or cultural education, we seem to discern indications of influence by the vocations. On the one hand, techniques developed in vocational education have been borrowed by the schools to use in non-vocational courses. For example the techniques of job analysis are used in selecting words in spelling, rules in grammar, and cue-concepts in the social sciences. The project idea has been adopted bodily by the elementary schools from the vocations. On the other hand, vocational objectives are finding increasing importance in the elementary school curricula.

It is doubtful, however, that the vocational objectives will ever dominate the curriculum of the public schools. The elementary schools show no tendency to desert their task of providing a mastery of the fundamental tools of civilisation and the high schools are still the people's colleges. Indeed, the vocational-education enthusiasts are mournful in contemplation of the small growth of the vocational idea and the dominance of extra-vocational and college objectives, within the vocational curricula of the school. The thoughtful spectator, however, sees that vocational education is influencing cultural education (as it should) but he does not fear the dominance of culture by vocations. The vocational influence can proceed far beyond its present position before even a proper balance between culture and industry has been secured. Elementary and high-school courses of study have been too strongly academic in outlook and too slightly functional in point of view.

A description of the trends in vocational education will not be complete without reference to the professions. Schools for the training of doctors, lawyers, and so forth have been in operation for decades and centuries. Ordinarily they have been dominated by academic conditions and ideas, but recently some of the technique described above has been applied to the professions. Specifically, job analysis has been used to revamp the curricula of colleges of pharmacy, library schools, and teachers' colleges. This procedure has led to the inclusion of much useful new material and the elimination of traditional materials which are no longer useful—if they were ever of value in professional training.

In conclusion, reference should be made to the status of nursing education. We have hundreds of schools for nurses. Practically every hospital conducts such a school—frequently to provide cheap hospital service. Job analysis has not been used to determine the curriculum. Training ordinarily is of the apprentice type with minor emphasis upon class-room instruction. Cultural courses are seldom provided. Training on the job is a basic technique of instruction. Numerous examples of substantial training courses can be cited; but on the whole, nursing education has not yet felt to a marked degree the influence, trends, and tendencies described. The most hopeful activity that has appeared on the horizon of nursing education is the committee on the grading of nursing schools which gives promise of initiating vigorous and wide-spread forward-looking activities.

The Community Need in Relation to the Education of the Nurse

By MLLE. CHAPTAL,
President, The National Association of Trained Nurses of France

For the purpose of clarity this brief survey is divided into two parts:

1. The Community Needs:

(*a*) Cure: The nursing of all types of curable diseases — mental and physical, in institutions and private homes.

(*b*) Prevention of disease and improvement of public health: maternity and child welfare; fight against social ills; social service.

In theory any community may have to meet all these demands at once; but in practice a given country only realises the necessity to meet each need as progress is made in hygiene, in preventive work, in methods of treatment and cure or in the development of relief work and social service.

How does the present education of the nurse meet this need:

The present-day training given to the nurse prepares her to meet most of the needs enumerated above. It has certain fixed principles based on a wide general experience which should not be lost sight of while concentrating on the immediate needs of the moment:

(1) The basic training should be as general as possible.

(2) The professional training itself must be kept intact.

(3) The ethical and economic future welfare of the worker must be assured by an adequate preparation for the work.

2. How the education of the nurse could be better adapted to meet the community need:

This basic training, however, does not fit her for the education and teaching of the physically fit. Special preparation is necessary for this work. She must prepare herself by means of practical training in special institutions or such connected with sanatoria and hospitals. She must also have some knowledge of the working conditions of the professions and trades under consideration. For all this, a course of six to eight months' classwork and practical experience will not be too long.

A special supplementary training is necessary for nursing in nervous and mental diseases.

In order for a trained nurse to take her part in combating infantile mortality from a social point of view, the nurse must have received additional training. She must take a course in social service work, and if she is to be prepared for child welfare work as well as for work among adults, a minimum of two years' training must be allowed.

A very small number will be able to qualify in all these different branches, with a maximum of four years' training. These graduates should not of course work in the rank and file, but will become leaders, principals and instructors of schools of nursing, etc., and will be responsible for the education of students.

But above all things it is absolutely essential that the basic training rest on a firm foundation, which in some countries lasts twenty-eight or even thirty-four months. After this, it is advisable to provide for a certain number of post-graduate courses, the length of these courses depending on the branch of specialisation chosen; anything of this kind being subject to social conditions which are constantly changing and progressing.

State Supervision in Schools of Nursing

By ADDA ELDREDGE, Director of Nursing Education, Secretary of the State Board of Nurse Examiners, State Board of Health, Madison, Wisconsin, U.S.A.

The starting point in state supervision is the establishing of pleasant relations between the inspected school and the inspector. Inspection has helped to bring into the minds of all those connected with state supervision the necessity of getting as far away as possible from the old idea of inspection, that is, the looking for flaws, to the new idea of supervision, or expert advice. It may be said that to be real or lasting all improvement must come from within, though the impetus may come from without. The only way to make any impression upon schools of nursing and remove their faults is, as in the case of the public school, to make those responsible recognise the faults and desire something better. This applies not only to the superintendents of nurses or to matrons but to boards of trustees, hospital superintendents, motherhouses, instructors, supervisors and head nurses.

State supervision must set a minimum standard which must be maintained, and, of course, the person in charge must be responsible for the maintenance of these standards, so she must convince the different groups in the community of the soundness of her plans. Nothing that is unsound can last indefinitely. It will fail through its lack of foundation.

In the United States, we realise that we have many diverse interests concerned with the running of schools of nursing, as well as many states with different laws and standards, so that uniformity is difficult to obtain. What can be put in the law in one state cannot be put in another; what can be passed in one state is unconstitutional in another. One state is more advanced and therefore is more ready to accept changes. It is easy to understand that different countries must have standards differing from each other owing to the difference in tradition and also in the position nursing occupies, although countries just establishing nursing ought to be able to start without some of our handicaps. I believe there are not in most countries the many different interests engaged in running hospitals and schools of nursing that we suffer from in the United States. Among these different interests we have the church denominations, all actuated by splendid motives, devoted to the care of the sick, but few of their members seeing the importance of the education of the nurse or able to visualise her as a student; involved in the financing of the hospital, most of them believe that the students should be there because of their economic value to the hospital and should be content to accept the crumbs which fall from the medical table.

Probably as a whole no group is so difficult to convince of the educational problem in nursing as is the medical profession, excepting, of course, the individual physicians who see eye to eye with the nurses. We acknowledge the splendid support given by this group. Still the rank and file of the doctors see nothing but what they want and are entirely indifferent to the exploitation of the student, anxious to use her during her training and then to cry out against her when graduated, for the doctors, we are told, demand student service in the hospitals. Some of the rank and file of medical men run so-called schools of nursing connected with small private and commercial hospitals, and are interested in the student for economic reasons. Besides these hospitals, there are endowed hospitals and

many not endowed but depending upon community chests, special drives, yearly gifts, for their very existence. The attitude of the boards of trustees is plainly shown in Miss Hall's paper on the Grading Committee's report, where she quoted the trustee who had read the report and said, "Of course we do not need to reduce our school because we are producing quality now, and, of course, small hospitals cannot afford to reduce their schools." If this is a true reaction of the trustee of a hospital connected with a university, as is the hospital referred to, we know it is increasingly true of other less well informed trustees of hospitals, not only in the United States but in every country where nursing has been established for any length of time, and where students have been depended upon to do the work of caring for the hospital patients. It is easy to see that our state supervisor of schools of nursing has a very definite and difficult programme of education in front of her, an educational programme for everybody connected with the school of nursing, either professionally or financially, either directly or indirectly. This person, variously designated as director of nursing education, educational director, inspector of schools, etc., must be a very well prepared person, and not only scholastically, for a degree is an asset only when and if backed by experience and ability to use her knowledge. She must possess kindliness, sympathy, a real liking for people, open-mindedness and, shall I say, some of the earmarks of a statesman.

Perhaps I have used a great many words to say that this position requires education, or at least an educational point of view, and experience in various fields, tact and a sense of humour, a willingness to give and take, to laugh at oneself, to change one's mind. Needless to say, a woman of this type should be well paid. I believe that rather than raise by law the standards for entrance to schools of nursing, we should take the money we would spend on attempting this end and place full time secretaries, directors, inspectors, whatever they are called, in those states which have none, and let the laws already on the statutes be enforced.

Let the state supervisor in her first inspection make a survey of existing conditions, being very lenient in judgment, very careful in pronouncement, until everything has been seen and she knows the best as well as the worst. After the facts have been collected, an analysis and comparison should be made with the required state or country standards and a point of departure be established or a reasonable minimum standard adopted.

Just briefly and from my own experience, let me say a safe place to begin is with the educational credits. These are generally very plainly stated in the law, or the rules which have the effect of law, and certainly no fault can be found with one for insisting that the school shall not admit a single student who has not these minimum requirements. If no one has previously checked these credits, it will be quite appalling to find how many students have been admitted on their own statement as to education, while the careful examination of credentials obtained directly from the school will show that they indeed spent the stated number of years in the secondary school, but never successfully completed even the one year usually required.

This state of affairs cannot be put right at once. But when the graduates of these schools are refused examination for registration or permits to practise until they have obtained the credits, the authorities of the school of nursing will be more careful. Let me say that the first group of graduates should be granted special permits if there is a compulsory law, as generally neither they nor the school have wilfully

transgressed. Afterwards we can make a rule that the school should not admit one student who does not satisfy the minimum requirement, and that if such students have been admitted they must be dropped out. If the school claims a certain standard and makes exceptions, the supervisor should list that school at the level of the exception made. If the school which requires the minimum of a secondary school preparation admits students who do not qualify, this method will prevent repetition of the offence.

The next step is the adoption of a reasonable minimum curriculum, giving the number of hours of instruction in each subject required. No school will be satisfied by reaching only the minimum in each subject.

Insistence is necessary on the recording of every hour of class work, on a distinction between class, lecture and laboratory, and on an exact record of the number of days spent in each department, with a rule for changing nursing days to calendar days so that records are true instead of conjectures. This method refers, of course, to small hospitals where patients are not segregated.

As for the four services in which basic experience is necessary, I think in every country we are agreed that a nurse must have experience in surgery, medicine, pediatrics and obstetrics, and that affiliation must be made to provide what is lacking in the home hospital. This must be done gradually if more than one service is missing.

We have found it desirable for every student to have an optional subject and suggest psychiatry, communicable diseases, tuberculosis and public health, obstetrical and operating room supervision, administration and teaching, not hoping to confine the above experience to a few students but looking forward to the time when all students will demand experience in these fields and when the authorities of the school will be educated to a belief that they are necessary for all.

The preliminary course has been an important factor in standardising schools of nursing by making it possible to give the basic studies in a co-ordinate and proper sequence. It has emphasised the need for definite teaching and practice in preference to giving the untried student the care of the patient immediately on her entrance to the school, when she learns by the "trial and error" method at the patient's expense. It is fruitful as a standard of organisation, as necessitating prepared instructors and leading directly to the scholastic organisation of the entire three years.

Some of the manifest things the state supervisor can do is to get at the trustees, at the medical staff, and talk about what constitutes a good school, not their school but any school, and what is necessary for such a school.

The importance of a school of nursing committee cannot be overemphasised. It gives the superintendent of nurses a backing, it is a group interested and concerned in the educational responsibilities of the school as well as in the hospital needs, a group which will bridge the gap between superintendents, which will have a policy for the school and which will assist the hospital trustees to understand the school requirements. This group is as necessary to the stability of a school of nursing as is the lay group to public health nursing. It will form the nucleus of an effective lay group interested in what the education of the nurse means to the community. Matrons often do not wish for this committee, desiring to be the last authority, but they are mistaken, and a board of trustees should insist upon appointing such a committee and seeing that it works. Such a committee can often adjust the misunderstandings which arise between the hospital and school authorities.

Many schools of nursing are not organised in the best sense of the word. The superintendent of nurses is in charge of the school of nursing but also of the department of nursing, which is one of the departments of the hospital; co-operation with the hospital superintendent is therefore essential. One is impressed on every visit by the amount of information which should be at hand on the superintendent's desk which has to be obtained from the general office or from the wards.

The state supervisor should be able to tell all superintendents what material and information they should have at hand; she should educate them to write reports, monthly and yearly, to present these reports before the hospital boards, in person if possible, or if not, to send a copy to each monthly meeting of the board and to file a copy in the training school archives, which show the progress of the school from day to day, so that a complete history of the school, its needs and accomplishments during her tenure of office can be found at any time. Too often, when the superintendent leaves, there is almost nothing left on file to guide her successor.

It is the manifest obligation of the state supervisor to collect all literature relating to schools of nursing, to keep in touch with all new ideas and improvements, to prepare proper forms for use in the schools, all teaching material and equipment, and to distribute these to the schools as fast as they can use them; from time to time to recommend books, pamphlets, magazines for the library, new equipment and methods of teaching and supervision.

To get good and new ideas from one school to another school, to stimulate interest, enthusiasm and progress in the schools, is a great responsibility — encouraging group nursing by students as leading to a deeper interest in the patient, encouraging case study for the same reason, advising and demonstrating the correlation of theory and practice in the second and third years as well as in the first, recommending and if necessary requiring affiliations.

Go slowly with demands, make changes by suggestions, but suggestions which are continually repeated. Each year add something new to your suggestions, never let the nursing faculty "rest on their oars."

Encourage superintendents of nurses to believe that it will take time to establish a school and to bring it up to standard, that it will take from three to five years to accomplish anything lasting. It is wise to remember that it takes at least a year to make yourself trusted, another to get any real organisation, a third to interest the people of your community in your school, and at least two years to get the right people in the right positions; that you will have to stay for a year or two after you have accomplished these objects to hold things steady until you have educated your school of nursing committee and trustees to understand your aims and to appreciate what you have achieved in the way of growth and stability.

The state supervisor must realise that she cannot do much in one year or two, but that she must be patient with ignorance, indifference and even with the superintendent who likes her surroundings and will not suggest changes for fear of upsetting her own peaceful relations with the board, the woman who is so comfortable she does not wish to move on and therefore accepts undesirable conditions and deplores them only to the inspector, and very softly even then.

Remember that for schools to demand secondary education for students would require a great improvement in many institutions. Such students should expect to find educated and prepared people in all positions in the school (their education certainly not less than that demanded of the student).

State supervision of nursing should mean a general raising of standards, a general growth in knowledge and appreciation of nursing development, standards not only in the schools but in the community, an improvement in organisation, an improvement in the educational preparation, not only of students entering, but also of the nurses graduated, a greater interest shown by the public and a greater appreciation of the educational task. Ultimately, it should mean state aid for schools of nursing or endowment and co-operation between all classes of hospitals and sanatoria.

We have heard that some of the English nurses feel that a minimum curriculum should be demanded for every school. My reading of these rules and regulations, however, would cause me to say that the examination syllabus must in time create such a minimum curriculum, because the schools must see to it that their students cover the ground outlined if their graduates are to pass these examinations. The taking of the state examination in two parts, as provided for in England, must allow for the same weeding out of unsatisfactory students as the preliminary course does in the United States.

The principles followed in Sweden in regard to state supervision of nursing are rather different from those at present in practice in England and Wales. Sweden has not yet made any arrangement for the holding of state examinations, the examinations conducted by schools of nursing recognised by the state being accepted as an equivalent. The minimum curriculum is nothing more than that of England and Wales, outlined in detail, but in Sweden practically everything rests with inspection. The Superintendent of Registration is in constant correspondence and pays frequent visits to the twenty-nine state recognised schools. She is thus fully acquainted with all their problems and as a highly experienced nurse can give the best possible advice when needed. Furthermore, being herself a member of the Royal Medical Board of Sweden, she has the opportunity of enlisting the interest of the most prominent members of the medical profession in all matters pertaining to nursing.

I feel a little diffident in speaking of what supervision is doing for Canada, but I believe that the same problem exists there that we have in the United States. The law in Ontario is administered under the Department of Health and provides for the inspection of schools for nurses, is responsible for the regulations governing schools for nurses in the province, and for the drafting of a curriculum for student nurses. It also keeps a register of the schools meeting the minimum requirements and arranges for such affiliations as may be necessary. It would seem to me that—perhaps with the exception of one other province in addition to Ontario — the suggestions as to supervision are not altogether inappropriate for the remaining seven Canadian provinces.

Time will not allow me to go into detail with regard to supervision in other countries; their customs and standards, also, can be discussed here with greater authority by the nurses coming from these countries. I should like to conclude, however, by stating my conviction that frequent inspection of schools of nursing by qualified nurses is one of the greatest essentials in nursing legislation. It seems to me that insufficient attention has perhaps been paid to this in the past. As mentioned above, in the U.S.A. all states do not provide for inspection, and if we turn to the world in general, only seven countries of the twenty-five that enforce their Nursing Act or State Regulations actually carry out inspection. Lastly, we notice that in one of these seven, namely Belgium, the office of inspector is held not by a nurse but by a member of the medical profession.

The Organisation of Post-Graduate Study in Nursing

By RACHEL A. COX-DAVIES, President, College of Nursing, England.

For the sake of brevity and clearness I deal with The Organisation of Post-Graduate Study in Nursing under two headings:

1. The importance of post-graduate work as it affects the life of the graduate nurse (a) from an *educational standpoint*, and (b) from that of *character development*.

2. The method by which post-graduate work can most effectively be organised.

I

(a) I take first the *need* and therefore the vital *importance* of post-graduate work from the *educational* point of view.

The ever-increasing advance of science and research in the medical and surgical treatment of the sick makes it essential that there should be a correspondingly ever-increasing advance in the educational opportunities available for the nursing profession, bearing in mind, as we ever must, the responsibility we have in our service to the nations of the world.

Educationally as well as vocationally we are dependent on our hospital training schools for not only providing the right type of student, but also, in the first instance, for educating her on those lines best qualified to enable her to take full advantage of opportunities available at a later stage in her career.

The subjects taken by the student nurse during the prescribed period of training suffice only to cover the essential and basic field of knowledge, in which every woman must become proficient if she is worthily to fulfil her mission to those whom she seeks to serve.

The increasing responsibility of the nursing profession in its service to the nation, its extension to every branch of preventive work, and the technical knowledge required, has roused the interest of the great educational bodies and encouraged them to provide facilities for the higher education of nurses seeking the more responsible posts in these various fields.

It is only with such co-operation from the universities that it is possible to carry out effectively post-graduate work suitable for the varied responsibilities a trained nurse is called upon to undertake.

(b) *Character Development.* A trained, or graduate, nurse leaves her school with a whole field of knowledge waiting to be explored. She has so far received her impressions from a more or less limited horizon—her life has been of necessity one of rule and routine. Before she can take her place worthily, not only as a finished nurse but also as a citizen, she needs to enlarge her vision, to study if possible industrial and social conditions, giving her the wide outlook which will enable her to enter more fully into the life of the nation she seeks to serve.

II

And now to go a little more in detail into the *organisation of post-graduate work.*

One common principle may probably be laid down as essential in all countries, namely—if a country is to provide effective post-graduate study, there must be a central body forming the liaison with the universities, by which suitable courses in the various branches of nursing and social service can be arranged.

In England we have such a central body in the College of Nursing, established in 1916, and now empowered by virtue of its Royal Charter to affiliate directly with the universities. Here more than 26,000 fully trained nurse members look to the college to unify the profession and advance their educational, social and economic interests.

Though not yet received as a unit of the university, we are working in close collaboration with Bedford College for Women and King's College for Women, both forming part of the University of London, and we look forward, in the no distant future, to becoming ourselves an integral part of the university, by establishing a Chair of Nursing.

Through this central body, the College of Nursing, courses are arranged in various branches of post-graduate education such as may be required by the individual nurse seeking to fit herself for public health work, social service or hospital administration.

Scholarships and loans are also given, to facilitate study and experience in other branches of nursing.

Courses in public health, followed at Bedford College, are arranged by a joint committee, whilst the College of Nursing is responsible for providing the practical experience in the various fields of public health work studied in these courses. This practical experience is not necessarily confined to London, but pupils are sent to centres in large provincial towns, to rural districts and even further afield, as occasion may require.

In England these courses of post-graduate training are recognised by the Ministry of Health as being essential for efficient service in the national field of preventive work, and grants are made to assist the students to take this training in recognised centres, of which the College of Nursing is one.

Here I may mention what is probably already well known to many gathered in this room—through the League of Red Cross Societies, graduates from many countries have been received in order to take this post-graduate training and so fit themselves to fill posts of high responsibility in their own country.

In addition to this public health course so briefly summarised here, there is the Sister Tutor Course, at King's College for Women, carrying with it scholarships open to competition and providing training for the specialised work of a sister tutor.

Individual training schools send pupils to attend these courses, and self-governing branches of the College of Nursing from time to time provide scholarships from their particular group.

Hospitals are gradually awakening to the responsibility of providing this specialised training to a graduate of their own school, and we look forward to the future when post-graduate study will be regarded as a necessary corollary to the prescribed period of training.

Since the inauguration, by the University of London, of the Diploma in Nursing, the College of Nursing has instituted courses to meet the needs of those who desire to qualify for the diploma in one of its many sections. Leeds University also grants a Diploma in Nursing requiring a short course of study at the university.

To sum up briefly—

The essential conditions required for the efficient organisation of post-graduate work would appear to be:

1. A central body sufficiently representative in numbers and strong enough in educational power to be capable of providing, on the one hand, the mouth-piece by which the trained nurse can make her needs known, and on the other, the necessary link with the universities.

2. Courses of training available through this central body, to enable the trained nurse to become conversant with the industrial and social conditions of those whom she will be required to serve.

3. The provision of scholarships available for those who require financial assistance to enable them to take advantage of these post-graduate courses, as also a loan fund, by which emergency expenditure can be facilitated.

4. A comprehensive scheme of travelling scholarships, which shall enable trained nurses to visit other countries and study methods prevailing therein.

Legislation in Nursing

By E. M. MUSSON, Chairman, General Nursing Council of England and Wales

[In presenting a study on Legislation in Nursing, Miss Musson stated that some type of legislation has been passed in ninety-five countries or states, the vast majority of which became effective since 1900. The remainder of Miss Musson's paper, slightly abridged, is published herewith.—Editor.]

The fact that some kind of law exists, by which a basic standard can be enforced, has already done much, however, to improve the education of the nurses, and no country where such law, however faulty, has been in force even for a few years, would consent to return to the former state of things. Whatever form legislation takes, it can only lay down a basic standard, but human nature is such that once a minimum has been established, efforts will inevitably be made to improve upon it, and so it is in our profession. By individual and corporate effort nurses are striving, and will strive, to build up something better; the general average of nursing education is gradually being raised; colleges and universities are beginning to interest themselves in nursing education, to provide higher courses of study, and to offer diplomas and degrees, while the provision of scholarships may be anticipated for the assistance of nurses, such as are available for the members of other professions.

Perhaps the first effect of the passing of a law is to give to the pupil an incentive for study greater than existed before, but the most striking effect is the immediate improvement in teaching. It has been said that the real value of an examination is to test the teaching which a candidate has received. Whether that be true or not there is no doubt that the provision of a standard leads immediately to improvement, not only in numbers and ability of the teachers engaged, but in class rooms, equipment, and in the time devoted to lectures and study. The general public also begin to realise that a definite qualification has been established, and to differentiate between the trained and the untrained woman.

Miss Musson pointed out that legislation obtained has not always been under Nurses' Registration Acts; other "legal enactments" in force at present are:

1. *Enactments under some Act having general powers, e.g.*:

Medical and Pharmacy Acts of South Africa.

Public Health Acts, Queensland.

General Powers Act of Northern and Central Australia.

Hospital Act and Charitable Institutions Act in Ontario. (Two of these, Queensland and Ontario, have now obtained Nurses' Registration Acts.)

2. The incorporation or registration by-law of a Nurses' Association giving it the right to register nurses.

3. *Decrees, Arrets* (orders given by a king, a tribunal, or other legal authority) establishing a state diploma or certificate.

4. *Licensing Act*. Authorisation or permit to practise, involving payment of a tax to the state.

The type of legislation in force depends on many factors, the general position of women in the country, the stage to which nursing has advanced, and the degree to which nurses are organised, as well as on national and racial characteristics. Generally speaking, the *Registration Acts* proper, setting up a statutory body, are in force in those countries where nursing organisation is advanced, and they usually confer a greater representation of nurses than is the case on those councils set up under a more general law. For instance, under the *Nurses' Registration Act* in England and Wales, 16/25ths of

the council must be nurses elected by the nurses on the register, the remaining nine being nominated by the Privy Council and Government Departments, and in actual practice have been members of the medical profession and the laity. Under the *Medical and Pharmacy Acts* in force in the Union of South Africa, only two persons are elected by the nurses, midwives and masseurs registered and resident in the Union, i.e. in the five states, Cape Province, Natal, Orange Free State, Transvaal and Territory of S.W. Africa, while 14 medical men, 4 dentists and 2 lay people form the rest of the council. And again, in the Territories of Northern Australia and Central Australia, under General Powers Acts, "Nurses' Boards" have been set up to appoint examiners, fix standards, register or annul certificates of registration, etc., and these boards are composed of the government resident, the chief medical officer, and a third person, who in the case of Northern Australia is the chief clerk and accountant, and in the case of Central Australia, one to be appointed by the minister. Two of these form a quorum.

These territories are very large, contain great tracts of desert and uncultivated land. The population is very scattered, and no doubt the need for regulating the training is very great, but it is to be hoped that this entirely lay board will obtain the help and advice of the A.T.N.A. in making their regulations.

In the United States of America, we find a similar inequality as regards the governing body or "Boards of Examiners." Whereas, in some states these are composed entirely of nurses, in others they are composed entirely of medical men, and in others of a varying proportion of the two.

The principle of election of nurses' representatives by the nurses themselves is the one which prevails most in the various states of the British Empire, while within the U.S.A. the board is usually appointed by the governor or by a university, the Nurses' Association having the right of nomination for appointment of the nurse representatives.

The only states which have registration under the next class (2) are the nine provinces of this great Dominion of Canada, where the Nurses' Association is registered or incorporated by the state, and the individual nurse is registered by the association. There are no doubt some advantages in such an arrangement, but there are also disadvantages in combining the functions of a statutory body with those of a voluntary association. It certainly ensures the representation of nurses on the governing body, and gives them control of their own register and of disciplinary matters, but the powers appear to be limited to those relating to registration, those relating to education and examination being usually relegated to other bodies, namely, the universities. Such arrangements would hardly prove successful in states where there are several associations holding divergent views. While a statutory body has a limited scope but considerable legal power, a voluntary association has less legal power, but a very wide scope, as it can concern itself with any or all of the varied activities and the various sides of a nurse's life and work. It has also the duty of acting as the corporate voice of its members—a function which is of great value not only to the nurses, but also to the statutory body, when such exists separately, whether the voice be raised in criticism or in support. It is by means of voluntary associations that the general public can best be informed of nurses' progress and of their needs.

The next class (3), namely, the institution by-law of an examination qualifying for a certificate or diploma obtains chiefly, if we except Germany, in countries where modern nursing is still more or less in its infancy, and where the pioneers have still to contend with many difficulties. The

"Decrees" or "Arrets" under which these come into force are more easily altered or amended than are Acts of Parliament, and to begin with some such enactment is probably the wisest course to pursue in those countries, until there are a sufficient number of nurses holding the state certificate or diploma, to form a strong association, and until public opinion is more instructed as to the value to the state of a sound and well-trained nursing service.

In regard to the last class (4) it is worth noting that while one or two states require a nurse to take out a license to practise in addition to being registered, only one country (Italy) has begun its general legislation for nurses by means of a Licensing Act.

It will be understood that some who have for years been struggling to promote training on modern lines in that country, especially in the schools founded by H.M. Queen Elena, may have felt some apprehension when in 1927, nurses were included in a law requiring that a special permit must be obtained by "anyone wishing to exercise the art of maker of false teeth, optician, orthopaedist, truss maker, or nurse, the last category including head bath attendants of hydrotherapic establishments, masseurs and masseuses." Regulations for the carrying out of the law to be issued by the Ministers of the Interior and Public Instruction.

Remembering the small proportion of trained nurses, it was feared that such a measure might lower rather than raise the standard, by regularising the practice of large numbers of untrained nurses.

Inasmuch, however, as those who had habitually exercised for at least two years the professions and special occupations mentioned above were required within one year from the entry into force of the law to give proof of their efficiency before an examining commission, in accordance with the provisions to be laid down in the regulations, and that nurses in the employ of hospitals are required within nine years to obtain the permit or certificate, it would seem that improvement must take place, owing to the necessary provision of definite courses of study, and to a greater incentive to learn on the part of the nurse.

I believe that nurses in every country must work out their own salvation, and this way of beginning may prove to be that which is best suited to the Italian character, and we shall await with interest the advance which we expect will be made in Italian nursing in the course of the present decade. This Act is far more drastic in its provisions than any other Act relating to the practice of nursing, as it is a punishable offence not only to practise nursing without a permit, but "in case of repetition of an offence the punishment is detention from 15 to 30 days and a fine of from Lire 500-1000." Any materials used or intended to be used for "committing the offence" to be confiscated.

Anyone with regular authorisation to practise one of the medical profession or one of the auxiliary arts covered by the present law, who lends in whatever manner his name or his aid with a view to permitting or facilitating the offence mentioned in the preceding article is also liable to the punishments prescribed.

The sentence involves the suspension of the exercise of the medical profession or of the auxiliary arts for a period of time equal to that of the term inflicted.

The duties under the Nurses' Registration Acts vary, but usually include the following duties:

1. To make rules and regulations and prescribe all conditions not laid down in the Act.
2. To approve training schools.
3. To draw up syllabus of instruction.
4. To place names on the register and to keep the same.
5. To remove names under certain conditions.
6. To deal with finance.

It is when considering the question of reciprocal agreements between the different countries, to enable registered nurses from one country to register without re-examination in another, that the great diversity of the legal enactments becomes evident. When it is realised that in the United States of America, so closely allied and situated so near together, it has not been found possible to arrange for universal reciprocity, it is not surprising that agreements between the widely scattered Dominions forming the British Empire are slow in materialising. One difficulty we have not been faced with, which is, that with one exception, the Acts in force in the British Empire require a three years' course of training, which is not the case in all the U.S.A. A difficulty which has arisen is that practically all the Overseas Dominions recognise smaller hospitals as training schools than we do in the Mother Country. We have to bear in mind the different conditions which obtain. England is a small, very thickly populated country, most of the Overseas Dominions are very large and thinly populated countries, and it has been found necessary to exercise some "give and take."

Some states include under a special category, classes of nurses who could not be accepted on a register of trained nurses, no doubt deeming it wise to bring these classes under supervision. In making an agreement for reciprocity with countries where this is the case, such classes are of course excluded. Some conditions are usually laid down also in regard to nurses registered without examination on the passing of an Act.

Again, the term "General Hospital" is found to be variously interpreted. The General Nursing Council of England and Wales has found it necessary to adopt a formula when making reciprocal agreements. A general hospital is defined as one which admits men, women and children, and gives instruction in the four main services: medical, surgical, gynaecological and children's diseases. General training may be given in one general hospital recognised as a complete training school, or in recognised affiliated or associated hospitals which together give instruction in the above named services.

In some countries "obstetrics" are added to the above. In Great Britain, owing to the existence for many years of the Central Midwives' Board, nurses intending to practise in this branch take a further six months training and pass a midwifery examination in addition to their general training and examination. It is realised that the midwifery certificate, as well as the general certificate, must be produced when applying for registration in those states where the general training includes obstetrics.

In some states, nurses who have received special training in one branch only, are included in the "General" register. In Great Britain, Scotland, Northern Ireland and in the Irish Free State, the councils are required to keep, besides the general register, supplementary registers for male nurses, mental nurses, nurses for mental defectives, fever nurses, sick children's nurses. Reciprocity can only be arranged for these if a similar supplementary register exists in the Dominion concerned, and conversely, any nurse registered on a general register of any state after "Special" training can only be admitted by reciprocity to the appropriate supplementary registers in the British Isles.

The standardisation of nursing training throughout the world is not in my opinion possible at the present time, nor will the establishment of even a minimum standard be possible for many years to come. But nothing but good can come from the sympathetic study of the conditions in other countries and from open and candid discussion at such meetings as these.

Developments in the Public Health Field

By PROFESSOR G. B. ROATTA, Director of Dispensaries, Florence, Italy

When the International Council of Nurses did me the honour of inviting me to speak at this Congress on Public Health Developments, before all things it became necessary for me to find an answer to a question: What unit of measure is at our disposal by which we can judge of the progress of this development?

Every question is capable of more than one answer, which answers in themselves are often contradictory, according to the point of view from which we attack them.

The unit of measure which at first sight seems the most reliable is that of statistics.

Nevertheless, statistics, with their apparent precision, and on account of this same mathematical precision, are more likely than anything else to lead us to mistaken conclusions.

To begin with, medical statistics are just beginning to assume a scientific form, and the figures furnished to us by different countries cannot always be compared with one another. For many illnesses we find only the figures relating to the death-rate. These figures are very far from even approximately giving the march of the diseases to which they relate. For example, tuberculosis.

Certain diseases which are essentially preventable, that is, susceptible to control by an efficient sanitary organisation, are greatly influenced by other factors. For example, typhoid fever assumes a varying intensity in a country in accordance with the different climatic conditions of the different parts of this same country.

In the United States of America the southern states give a heavier death rate from typhoid fever than the northern. These rates are somewhat similar to those of Italy and Spain. The rates for Japan and those of the State of San Paulo, in the southern part of Brazil, are almost identical with those of the above-mentioned countries. Other factors than those of hygienic organisation may influence Public Health—for example, economic and political conditions.

The Great War has furnished a striking example of these influences, showing them to us as under a magnifying glass.

In other cases the progress of therapeutics may modify the epidemiology of some diseases to a considerable extent, independently of any hygienic or prophylactic measure. According to some writers this would appear to be the case in syphilis. The death rate from diphtheria has been greatly influenced by the serum treatment.

Another factor has to be taken into account, namely, the changes undergone by different diseases in different epochs.

This fact has been already emphasised by old medical writers and first of all by Sydenham, in his "Epidemic Constitution". That is what the French writers call "le genie epidemique".

For some illnesses, one may admit the influence of therapeutics, as we have already seen may be the case for syphilis. For others, one may advocate the difference in the condition of life, as in gout and chlorosis, which are rapidly decreasing since the end of the last century.

But for others, we must admit a change in the nature of the illness itself. This seems to be the case for scarlet fever. A hundred years ago, this illness was a very mild one. Fifty years later it became very serious, and it has now resumed again its earlier character, while its incidence is practically the same.

But a much more important objection can be made to the consideration of medical statistics alone, in judging Public Health development: that is—up to now they may tell us to a certain extent what is the state of disease, but they tell us nothing about the state of health.

A disease—I mean a disease which kills, and statistics deal chiefly with this—when it does not assume the sweeping waves of the great epidemics of the Middle Ages, is socially much less important than those indeterminate conditions which favour the production of individuals physically and mentally deficient. Medical statistics give us no information about such conditions, which are not those of illness, neither are they those of health. At the most they allow us to form suppositions based on the prevalence of certain groups of diseases of a specially social character, like tuberculosis, syphilis or alcoholism.

Perhaps it is altogether wrong to seek for the explanation of Public Health improvement in diseases and death rate statistics, Hygiene being the Science of Health, and by health I mean the harmonious development of mind and body.

The prevention of disease is therefore only a means to an end—one of the means.

There exist an infinity of other factors of moral, intellectual, aesthetic and economic character, which work together in an equally important degree to this end, influencing no less than the prevention of disease the formation of the marvellous being which we call Man.

We will, therefore, leave to one side the statistics of disease, which at best can only give us limited and one-sided information, and seek for the answer in the consideration of Public Health itself: how, with what weapons, with what mentality, with what aim and by what means, Hygiene seeks to attain the ideal conditions of which we have spoken.

In other words, are its means and its mentality adequate? Public Health proceeds from medicine—the Art of Healing; and from sociology—the science which studies the relations between social conditions. One could almost say that Public Health, with medicine as starting point, tends towards, or is pushed towards sociology.

Passing in review the history of Public Health, we note in it an alteration of medical and social influence.

In ancient times the social tendency prevailed; it is sufficient to call to mind the hygienic laws of the early peoples. We find that they often assumed a religious character, and those precepts which were more purely medical were strictly bound up with a social and political system, aiming towards the purity and robustness of the people, and restraining the decadence of social customs.

The laws of Moses are typical from this point of view, and these remain even to our day, passing through the Christian era.

In the Middle Ages we may say that all ideas of Hygiene were contained in ecclesiastical dicta: times of fasting, periodical restrictions in the use of certain foods, especially meat; the limitation of matrimony among relatives; the minimum age at which matrimony might take place . . . these, and but little more, were the medical impedimenta of the Middle Ages. Sickness was a manifestation of divine law, a means by which God tried the faith and the virtue of believers, and chastised the wicked. It was a heroic experience by which saints attained to the glory of Paradise. And so the mysticism of this epoch manifested itself in the care of the sick and the poor. But this assistance limited itself to the necessities of the moment, ignored the past and did not think of the morrow.

It was the literal interpretation of the great precepts of the church: "Visit the sick," "Feed the hungry," for in centuries not very far back, hunger was one of the most formidable of diseases, and famine epidemics, if I may say so, only too often preceded epidemics of plague.

From this mystical conception of the need of caring for the sick, hospitals took their origin, and this vast chain of institutions links the Middle Ages with our own times. The only exception to this poor Public Health programme is shown by a few commercial and industrial communities; first of all the Italian Communes, where we see the first attempt to establish an efficient Public Health system.

We shall be obliged to return to this idea of the influence of commerce and

of industry on the development of Public Health. In this perhaps we shall find an explanation and a justification for the progress in this field which we note in our own time, especially in industrial countries, and to the difference in Public Health conception in Anglo-Saxon (that is industrial) and Latin countries, which only now begin to emerge from rural economy.

But at the approach of the 19th century we find a complete change in the Public Health Field.

This is a great moment in the intellectual history of mankind. Free thought and free speech, the sentiments of moral and intellectual dignity which follow on the French and American Revolutions manifest themselves in a decided reaction to metaphysics.

The human spirit, suddenly freed from the trammels which had long imprisoned it, finds once more the fresh vigour, the audacity, the scientific curiosity of the early Greek philosophers before Socrates, but with the background of thirty centuries of experience.

All at once the battles which past generations had given up as lost shine out as victories. Scientific thought, which in the 17th and 18th centuries was a privilege of few great spirits, now becomes a common possession. In less than a century scientific thought and its application is revolutionised.

Our civilisation is very young.

It is difficult for us to realise that Pasteur, the man who definitely destroyed the theory of spontaneous generation, and by means of bacteriology created a new science, unveiling the mysteries of infectious diseases, died only thirty-four years ago. Many of us were already born, or even well on in life, when the centuries-old edifice of traditional medicine fell to the ground, and from the ruins of the ancient theories and dogmas arose the solid construction of experimental science.

The history of science at this decisive turning point has the lightning flashes and the incisive language of great historical dramas.

It was only in 1881—less than half a century ago, that the experiment on anthrax took place at Pouilly-le-Fort. Pouilly-le-Fort—name as memorable in history as that of the greatest battle where the fate of nations was decided.

Fifty sheep had been inoculated with a virulent anthrax culture: of these twenty-five had been previously vaccinated and twenty-five had not.

On June 2nd, Pasteur, with Chamberland and du Roux, entered the farm, in the midst of a scoffing crowd, stirred up to animosity by fiercely adverse press agents, all gathered together to witness his defeat under the sceptical eyes of scientific officials.

Twenty-five unvaccinated sheep lay on the ground, twenty-two already dead, the others dying, while the twenty-five vaccinated ones were on their feet, lusty and strong.

The crowd of veterinaries, of farmers, of those who had come to see, moved to enthusiasm by an almost reverent admiration, applaud and applaud again. Rossignol, incredulous veterinary that he was, who had encouraged the experiment in order to demolish Pasteur's theories, stammers — conscience-stricken — "Master, can you forgive my unbelief"?

To find a parallel one must go back to gospel times, where through the action of miracles men are brought to a true faith.

Never was the dominion of medicine greater and more unquestioned, not even in remote times, when, as a sacred mystery, healing took place in secluded recesses of the temples. It seems now as if a new religion has arisen on the horizon of humanity.

The human body unveils its most intimate secrets: disease displays its inmost mysteries.

The great epidemics, which for centuries had invaded Europe, annihilating the population, irresistible in their fearful progress as the barbarian hordes that submerged Roman civilisation, are quelled for ever.

Infectious diseases like typhoid, having displayed their cause, are attacked at their origin; others, like diphtheria, are victoriously conquered

when they have already invaded the body. The tiny organisms that for centuries had so fiercely attacked mankind are at last discovered; they are reduced to slavery, and become docile instruments of healing and prevention of those diseases of which before they were the cause.

One further step, and man is made immune to infection, as the gods of Homer made their heroes invulnerable.

And now for a moment Man thinks himself Lord of Life and Death. The crucible of a laboratory seems to contain the destiny of man. The famous *boutade* dates from this time; virtue and vice are the result of a chemical reaction, as sulphuric acid.

This exuberant scientific youth pervades all intellectual and artistic manifestations.

In philosophy we have Positivism; in Art, Realism.

Public Health too is entirely dominated by the new scientific discoveries, and Man is considered mainly as a possible receptacle of infectious disease. The officer of Public Health now felt himself a little god, able to control from his laboratory the march of deadly disease. He admired with a rational admiration the French Revolution that by political liberty had made possible so much progress in the field of science; but he ignored the great moral revolution which, without noise and without victims, had been accomplished in England in the last years of the 18th and the first years of the 19th century.

We don't realise how young—how very young—is our civilisation, what we call our civilisation—self-respect, justice, sympathy with our fellow-creatures, feelings of responsibility and of co-operation for the well-being of the masses.

It is a new idea in the history of humanity. Three great factors work together to bring forward these new ideals.

1. In the spiritual world, the cool correctness of classicism gives way to romanticism; the joy and the sorrow of the human being, his sufferings and his enthusiasm, invade literature and art.

2. The religious revival which was the inspiration of an effort to remedy the guilt, the ignorance, the physical suffering, the social degradation of the profligate and the poor. (Sir Malcolm Morris.)

3. Industrialism. From the hygienic point of view one of the most striking effects of industrialism has been the alteration brought into the family unit. In rural countries the family is still the little world that it has been for all time, where under the same roof we find the man who provides for the nourishment and assures the protection—workman, hunter, soldier—while the woman sees to all the home-craft and by a long tradition of inheritance is a born nurse, cook, and child educator.

In industrial countries, instead women become wage earners as well as men, which leaves a gap to be filled and the necessity for well-organised social work. Well-organised, because industrialism means efficiency in men and in methods. It means to get the best results with the minimum of effort; it means to get to the root of things.

Sarah Gamp was not human, her morality was perhaps not very high, and above all she was not efficient. She was an economic mistake before being a moral nuisance.

In the Diary of Florence Nightingale there are a few very striking lines. On relating a visit to the historian Sismondi in Geneva, she says, "All Sismondi's political economy seems to be founded on the overflowing kindness of his heart. He gives to old beggars from principle, to young from habit." We feel quite sure she does not approve of this overflowing of the heart over political economy.

Another factor we owe to Industrialism is the art of persuasion and advertising. And that is why we find such a difference between the Public Health organisations in industrial and agricultural countries. In the one the law and the policeman; in the other the seeking of the spontaneous collaboration of the public through specialised agents (Public Health Nurses).

This may explain some difference in the results attained. For instance, the diminution of tuberculosis, a typical social disease, is greatest in industrial countries like the U.S.A., where there is a highly developed Public Health Nurses' organisation.

On the other hand, we find that infectious diseases of a more strictly medical character are efficaciously checked wherever there is sufficient medical preparation and official state control.

Take for instance diphtheria. The difference in mortality from this disease in Europe seems to be due to the promptitude with which serum is administered. In Italy it is highest in the mountain provinces in the centre of the country.

Since 1921 there has been in Italy but a single case of death from smallpox, and the illness itself is very rare. In the first four months of this year there have been but two cases, and these were imported from outside.

Puerperal fever, an eminently medical disease, gives us a minimum of mortality—nine deaths in 10,000 women in childbirth. Sweden alone in all Europe shows lower figures (in the three years 1911-1913).

Let us go back to tuberculosis. In Italy the mortality from this illness has not greatly changed in the last fifty years, and what improvement is noted is chiefly in cases of a non-pulmonary type which, as we know, are more easily controlled by curative treatment; while the mortality from malaria drops in the same period from 59.5 to 6.7. From a social point of view, malaria stands between tuberculosis and diphtheria. The campaign against this illness needs a good deal of collaboration from the public; but the evidence of the infection is of much easier demonstration than in tuberculosis, and therapeutic measures much more efficacious and for this reason much more easily understood. Therefore I think we are authorised in saying the Anglo-Saxon Public Health system will show itself at its best in all the illnesses where medical power is weakest, and the social conditions and public mentality more important.

There is only one danger, that is, if in their zeal for the good of humanity the Public Health workers don't overdo it. That means going back to the rural Public Health system of coercion and imposition. In some ways the Public Health system movement seems to have got to a crucial point, which reminds us of the situation of religion in the Middle Ages, when believers thought themselves justified in imposing their creed by fire and sword.

No ideal, however great and however generous in its conception, can dispense with the conscientious and willing collaboration of the public.

A striking testimony of this comes to us from Germany, where the insurance system is the oldest and the most complete. In a recent book, by Dr. E. Liek, we read:

"In seeking to cover the various risks arising from sickness, accidents, disablement, unemployment, etc., social insurance schemes have been the cause of the moral deterioration of the German people, have taken from the working classes the love of work, have given birth to a system of exploitation of disease—both real and imaginary—have driven many workmen to seek in lengthy lawsuits compensation or the recovery of their wages—have, in a word, vulgarised and cheapened the medical profession."

Maybe there is exaggeration in this statement, but even by making due allowance, we can always take it as a warning against the danger of accelerating progress by law.

The great feature of Public Health will always be the human character, and the history of nations shows plainly that human character does not progress in proportion to intelligence, and moral conquests are always behind intellectual ones.

Another warning comes to us from England. E. D. Simon, in a recent study on the subject "How to Abolish the Slums," pointed out the deteriorating effect of the Slum Mind in many of the dwellers in houses which were in themselves structurally decent. His own figures indicate that this may be a debasing factor in the order of from 12 to 25%, even in a good housing

scheme. If these figures are correct, they demonstrate that from 12 to 25% of one of the most civilised populations, show alarming anti-social characteristics. Figures like these are more likely to give us an adequate idea of what has to be done, than statistics of illness and death rates, because they inform us of the moral and material conditions of the living man, and show us the weakest point of our front, that is, education—moral as well as physical. *And education must be started with the child.*

CONDITIONS OF CHILDHOOD

Unluckily our experience with children is too recent. Only in these last years reports from medical school inspectors have begun to give us a fair idea of the real condition of our children. It is quite safe to say that from one-third to two-thirds of the school children need medical attention; and, of course, we do not take into consideration those who do not enter school because their health is too seriously impaired.

They are not small ailments which we find recorded. Certainly we do not find sensational words like diphtheria or scarlet fever: very seldom do we find even tuberculosis. The diseases or complaints which we find may sound unimportant to the general public: general debility, belated rickets, catarrhal or neuropathic tendencies, diseases of the ear, nose or throat, adenoids, decay of temporary teeth, etc. These which are the most common defects of school children (and all children of our day are school children) are of a constitutional character, which means they stand for a degenerative process. They are the signs of a deeper constitutional unfitness, sometimes hereditary but more often due to something lacking in their bringing up.

So these are not defects which can be put right once for all, but they give just cause for grave anxiety for the future. In countries such as England, where these records cover some years, a slight improvement is noticeable, but it is slight and slow!

The problem is most complicated and difficult to deal with: It is easy to start a campaign—say, for certain vaccinations. We can oppose the terror of death to a harmless inoculation that can be performed in a few seconds and that is the end of it. By the emotional feelings stirred by a well conducted public health campaign, we may hope to check some one or other disease, but this will neither give us the conquest of health nor allow health to be permanently maintained.

As George Newman warns us, in one of his most memorable reports: "Health is not an artificial accomplishment, quickly acquired and easily maintained. It is a development of body and mind; a growth, slow in process; a habit, broad-based upon heredity and nurture; a balance of moderation in all things, a harmony of a sound mind in a sound body, good nutrition combined with steady nervous regulation."

IMPROVEMENT OF MAN HIMSELF

We all carry through life—on our soul and on our body—the scars of early wounds, which may develop later on into illness or anti-social tendencies — slum minds, alcoholic minds, careless minds, these are the pit-falls in our way which prevent us from going on. We can trace the origin of all of them in childhood; they grow as life goes on, and throw their shadows over the coming generations.

We have advanced far, very far, from the ingenuous ideals of some fifty years ago when public health consisted almost exclusively in fighting contagious diseases, and in securing healthy environment. Now that this dream is almost realised—in many countries at least—we perceive that what remains for us to do is to improve man himself.

And that is why, when you asked me to speak on the developments in the public health field, I thought I could not point out a higher aim or a way to a more efficient conquest than the right education of the new generation, *the making of the citizen*, considering that all satisfactory development in the public health field depends upon the comprehension of the following principle: "The economic value of a population is in direct ratio to its intellectual, moral, and physical well-being."

The Red Cross Nursing Programme

By Mrs. MAYNARD L. CARTER,
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To outline the Red Cross Nursing Programme, the object of my paper, demands a simple statement of fact, which I will endeavour to present as briefly as possible, trying at the same time to infuse into it some of the spirit and enthusiasm so characteristic of the Red Cross. The historical aspect has so many times been referred to in recent papers and reports that it is scarcely necessary to touch upon it in this paper; it is sufficient, therefore, to introduce the subject with a very brief account of the more recent events which have taken place in the Red Cross Nursing world, and which cannot but have a very considerable influence upon its programme.

Of these, the most important is the XIIIth International Red Cross Conference, held at the Hague in 1928, when certain joint recommendations on nursing presented by the League of Red Cross Societies and the International Red Cross Committee were approved, and which one may consider as being the basis of the Red Cross Nursing Programme.

The second important event was the meeting of the Board of Governors of the League, held at the Hague at the same time as the XIIIth Conference, when a resolution was passed providing for the appointment of technical advisors to the League in matters relating to its work, including nursing. This resolution provided for the appointment of a group of nurses who would take the place of the Nursing Advisory Board, which hitherto had guided the League in its nursing policy, and which had rendered such invaluable service. The problem of the selection of advisors in nursing was solved by the Red Cross nurses themselves at a meeting called in Paris in July of last year, when a recommendation was passed that the selection be made from nurses engaged in Red Cross work, and that it be made with due consideration to the ethnic grouping and the degree of development of nursing organisation in the different countries, and that it include representatives of the English-speaking, the Latin, German-speaking countries, countries having recently organised nursing services, central European and oriental countries. In addition, the meeting recommended the inclusion of a representative of the Red Cross Society of the country in which the meeting of this group might be held; and a nurse delegate of the International Red Cross Committee. In order to secure a close co-operation with the professional nurses' associations on all technical questions, the meeting advocated that a representative of the International Council of Nurses be nominated.

This recommendation was approved by the Board of Governors of the League, subject to its general resolution on the matter. The nominations were approved by the Executive Committee at its meeting in April, 1929. For the time being, therefore, the future nursing policy of the League will be guided by Miss Elizabeth Fox (American Red Cross), Marchesa Targiani Giunti (Italian Red Cross), Frau Oberin von Freyhold (German Red Cross), Miss Messolora (Greek Red Cross), Madame Ibranyi (Hungarian Red Cross), Miss Wu (Chinese Red Cross), Madame Chaponniere-Chaix (International Red Cross Committee), and a representative of the International Council of Nurses.

A glance down this list shows that it is made up of women with wide experience in nursing and Red Cross work and thoroughly conversant with the problems confronting Red Cross Societies. The inclusion of a representative of the International Council of Nurses is evidence of the high standard of nursing which the Red Cross Societies have set for themselves, and

the earnest desire on the part of these Societies for the closest collaboration with the professional nurses' associations in the development of their work.

The ten recommendations approved by the XIIIth Conference were presented jointly by the League of Red Cross Societies and the International Red Cross Committee. They cover most of the activities in which Red Cross Societies are engaged, and while few are undertaking them all, several Red Cross Societies are undertaking many of them, and for the purpose of this paper they may be taken as the basis of the Red Cross Nursing Programme.

The first deals with the question of organisation and the formation of a Nursing Division under the direction of a qualified nurse, who shall be responsible for directing the nursing activities of the Red Cross Societies assisted by a Nursing Advisory Committee composed of persons qualified to advise on nursing matters. . . .

It is impossible to lay down any hard and fast rule; one has to consider the history of the development of the Red Cross Society, and the stage of development of nursing in the country generally, but experience leads one to believe and it was certainly the conviction of the Red Cross nurses who formulated this recommendation, that the most satisfactory way of building up a sound Red Cross Nursing Service is by the creation, by each Red Cross Society of a Nursing Division, under the direction of a highly-qualified professional nurse; and the word professional is used here to denote the nurse who has the highest accepted standard of training of her own country, whether she be receiving remuneration for her services, or works as a volunteer.

Recommendations two and three deal with the training of nurses by the Red Cross, and the establishment of schools for this purpose. They lay emphasis on the need for a high standard, urging Red Cross Societies to base their professional training on a thorough course of study. They emphasise the importance of long practical training in addition to theoretical study, and encourage collaboration with the professional nurses' associations for this purpose.

The duty of training nurses was laid upon the Red Cross Societies by the Geneva Convention, and this has been undertaken by certain societies since that time. In many countries, amongst which we can cite such examples as Japan, Greece, Latvia, France, Czechoslovakia, Jugoslavia, and Bulgaria, it is the Red Cross which has taken the initiative in the training of the nurse, and it is the Red Cross which has been the inspiration behind its development —a thing which has not always been fully appreciated. Whether it is rightly the responsibility of the Red Cross, or that of the Government, to undertake the training of the nurse is not a question for discussion here. The fact remains that Red Cross Societies are undertaking the training of nurses, that they are in most instances promoting high standards, and that it forms a very important activity in their programmes. It is the responsibility of the Nursing Division of the League, therefore, to give them every possible assistance within its power.

Miss Noyes, in her paper read at the Conference of the International Council of Nurses in Geneva, pointed out that there is nothing incompatible with the co-operation between the Red Cross nursing services of a country and the professional nurses' associations, and that in many countries it is carried out successfully. Examples of this are to be found in (1) Finland, where the Red Cross has practically placed its nursing policy in the hands of the national nurses' associations, the two Presidents forming with a nurse member of the Central Committee of the Red Cross a small Nursing Advisory Committee of three; (2) Great Britain, where the Red Cross has always collaborated closely with the College of Nursing, which owed its origin to the initiative of certain members of the British Red Cross; and (3) France, where the Red Cross Societies have representation on the Board of the National Association of Professional Nurses of France.

Difficulties have undoubtedly arisen in some countries which have hampered co-operation, due perhaps in the past to some lack of understanding on the part of the Red Cross Societies of the necessity for the professional training of the nurse. This can be well understood when one takes into consideration the history of a country, the stage of development of nursing, the position of women, an ever-important factor, and the rapid development of the Red Cross, confronted in many instances with immense responsibilities. On the other hand, the professional nurse, in confining herself as she sometimes has done, to narrow professional interests, has failed to appreciate fully the immense obligations which the Red Cross has been called upon to fulfill. The promotion of short courses for nurses, and the launching of nursing activities without adequate supervision, have led in the past to a certain bitterness of feeling which still lingers, and which can be well understood when one considers the long struggle for professional recognition which the nurse has had to face, and still has to face in some countries. However, in the whole field of Red Cross Nursing these are but a few isolated instances; the tendency is more and more towards understanding and closer collaboration and one finds as a result a more just appreciation of the great contribution made by the Red Cross to the development of nursing throughout the world, a contribution unequalled by any other single institution.

Recommendation four relates to the question of diplomas and encourages the granting of diplomas by the Red Cross Societies, corresponding to the degree of training received; in other words, it encourages Red Cross Societies to draw an even greater distinction than heretofore between the certificates given to the fully-trained nurse, and the auxiliary group.

Recommendation five authorises the League in conjunction with the International Red Cross Committee to study the best methods of enrollment of the trained nurse, and of recruiting and training the auxiliary worker, and recommends that Red Cross Societies enroll these two groups, the two to form a strong disciplined corps, ready to be called upon in time of need.

The Geneva Convention also laid this obligation upon Red Cross Societies, and there is probably no recommendation which is of greater importance, for the enrollment of the nurse and the training and enrollment of the auxiliary worker is essentially a function of the Red Cross, and worthy of this special study being made. Most Red Cross Societies have undertaken this obligation laid upon them, and have instituted some system of enrollment of the trained nurse and auxiliary worker or "volunteer nurse" as she is so often called.

The need for a large, well-trained, well-disciplined auxiliary group to supplement the trained nurses was proved over and over again during the War, even countries with the most well-developed, highly-organised nursing services being dependent upon the "V.A.D." or "Volunteer Nurse". During the War Great Britain, which has now approximately 50,000 registered nurses in the country, had at that time army and navy and Red Cross nursing services and reserves numbering approximately 29,000 nurses, and still had to call upon a Red Cross auxiliary group of 100,000 members; even then it was impossible to ensure adequate care for the civil population of the country.

In countries where professional nursing has been slow in its development, the "volunteer nurse" has been an indispensable factor in time of war or disaster. Her training has been undertaken with no other motive than to serve her country, and it has often involved considerable personal sacrifice. During the Great War, without her many a soldier would have gone uncared for, and when the history of Red Cross nursing comes to be written, full justice will be paid to her. Her training and enrollment are absolutely essential if a sound Red Cross nursing service is to built up.

Recommendation six encourages the Red Cross to make provision for the post-graduate training of nurses for public health work and for administrative positions in hospitals and training schools for nurses, where no such facilities already exist. There are few Red Cross Societies which have undertaken this type of educational work, but with the development of their schools of nursing, and the growth of their public health nursing activities, the need for these facilities is coming more and more to be felt by the Red Cross Societies. The International Courses established by the League of Red Cross Societies at Bedford College, London, in conjunction with the College of Nursing, have to some extent met this need, by assisting Red Cross Societies to train a certain number of leaders. A very large number of societies have sent nurses to take these courses, and have given scholarships for this purpose, one hundred and sixty-four nurses from forty countries having completed one or other of them. This, however, does not meet the need which exists in many countries for a large number of public health nurses so necessary to the Red Cross Societies if they are to carry out their work on a high standard.

In Siam, it is the Red Cross which has taken the initiative in instituting a six months' post-graduate course for the training of public health nurses. In Finland, the General Mannerheim's League of Child Welfare, one of the affiliated organisations of the Finnish Red Cross, has undertaken the training of public health nurses, and has established a six months' course. The Italian Red Cross has established two courses, one for public health nurses, covering one year of comprehensive study, following upon two years of general training, and a second course for nurses wishing to qualify for administrative and teaching positions, which follows two years of general training and a year of public health training, thus establishing the principle that in future all nurses holding teaching and administrative positions in the Italian Red Cross nursing service must have had at least four years' training, including a public health diploma.

The German Red Cross has also established a course for Teachers and Nurse Administrators at the "Wernerschule," Berlin. The Course is post-graduate, and open to Red Cross nurses who have already had six years' experience on the staff of a Red Cross "Mutterhaus". It is interesting to note that in all these instances it is the Red Cross Societies of their respective countries which have taken the initiative.

Recommendations seven and eight refer to the public health programme of the Red Cross and encourage the further development of public health nursing activities, together with its programme for popular health education, the objects of which are in keeping with the peace-time mission of the Red Cross.

The founding of the League of Red Cross Societies in 1919, with its very definite peace-time mission, acted as a great incentive to the Red Cross, which hitherto tended to confine itself to preparation for war and disaster, to undertake public health activities, with the result that of the fifty-one member Societies of the League there are few, if any, which have not included them in some form or other in their programme, and there is probably no branch of public health work which has proved its value more than that of the public health nursing service. While it is generally accepted that the development of a public health programme for a community is the responsibility of the Government, there are certain instances where this responsibility has been placed by the Government in the hands of the Red Cross. An excellent example of this is to be found in Latvia, where the greater part of health education of the country is carried out by the Red Cross, through the forty-two health centres which it has established in all parts of the country. While the accommodation for the centre is provided by the local authorities, the staff and supervision are

under the control of the Red Cross. The centres are staffed by a nurse, or nurse-midwife in the scattered rural areas. All are provided with the standard Red Cross equipment, a model of its kind, and function as general health centres for the community.

A somewhat similar situation is to be found in Czechoslovakia, the Red Cross being practically the only organisation working extensively throughout Slovakia by means of the fifty-two health centres which it has established.

It would scarcely be an exaggeration to say that much of the health work in France was carried out by the three Red Cross Societies or due to their initiative and inspiration. They have organised extensively throughout the country child welfare centres, tuberculosis dispensaries, sanatoria and other institutions, in all of which the French Red Cross nurse is playing an important part.

In Italy the Red Cross has considerable influence, and has large public health nursing services with a staff of one hundred and seventy-seven "assistenti sanitarie" working in forty-four different localities. The Governorship of Rome has placed the supervision of its public health nursing entirely in the hands of the Red Cross, and the same is to be found in a number of towns throughout Italy.

The public health nursing service of the American Red Cross, which has a staff of 757 public health nurses, is known far outside the confines of its own country. Traces of its work are to be found in many European countries, which owe so much of their early work to its inspiration.

There is probably no more useful development in public health nursing undertaken by Red Cross Societies than the establishment of "Outposts". No better example of this is to be found than in Canada. As the name implies, these are usually situated in isolated rural districts, and are not very different in function from the ordinary health centre, except that in most instances there is accommodation for one, two or even three patients who, being out of reach of medical or nursing care in their homes, are brought to the outposts. At the end of 1927 the Canadian Red Cross had thirty-one of these "Outposts," with a total accommodation of 235 beds, 55 cots, and a staff of 77 public health nurses.

A similar type of "Outpost" has been organised by the Finnish Red Cross along the Finnish-Russian frontier. Three of these are already operating, five are now under construction, and the programme of the Red Cross includes a total of fifteen. They are staffed and supervised by the public health nurses of the General Mannerheim's League of Child Welfare.

Popular health education, by means of home nursing and hygiene classes and popular health lectures, has long been an important activity of almost all Red Cross Societies. It has not always been carried out by nurses, but the well-trained public health nurse who has teaching ability is coming more and more to be recognised as a valuable factor in this work.

It is quite impossible in a paper of this kind, the subject of which is almost limitless, to do more than touch superficially on the various public health nursing activities which form so important a part of the Red Cross programme. The contribution of the Red Cross to the world's health has yet to be written; when it is, the part played by the Red Cross nurse will get the recognition it so richly deserves.

Recommendations nine and ten refer to the economic conditions of the nurse, and legislation governing the profession. Number nine encourages Red Cross Societies, in collaboration with the National Nurses' Associations where they exist, to study the means of improving the status and working conditions of the nurse, namely, hours of duty, holidays, medical treatment, salaries, insurance, and old age pensions. There are still many countries where the economic condition of the nurse is far from satisfactory, and while it is essentially the function of a Nurses' Association to occupy itself with this question, there are countries

where nurses are still weakly organised or where no Nurses' Associations exist at all. Good economic conditions go hand in hand with a high standard of nursing; it is in the interest, therefore, of the Red Cross to study this question so as to ensure a high standard of service.

The tenth and last recommendation invites the Red Cross Societies to urge their respective governments to vote, in those countries where no nursing legislation exists, laws relating to the nursing profession. It is unnecessary to emphasise the importance of this. It is in the interest of the public as well as the nurse, and is, therefore, a responsibility of the Red Cross to throw its whole weight into the balance to secure this reform.

When referring to the above recommendations no attempt has been made to quote the exact text, but rather to interpret the spirit of each. It has been quite impossible in this paper to do more than give a bird's-eye view of the great field of Red Cross nursing, or do more than touch, far too lightly perhaps, upon each nursing activity.

A careful study of these recommendations drawn up by Red Cross nurses, and presented by them to the XIIIth International Red Cross Conference for the endorsement of their Red Cross Societies and their governments, is surely evidence in itself that Red Cross Societies are aiming at the highest standards, that Red Cross nursing no longer signifies nurses trained by means of short, inadequate courses, but rather nursing in its best professional interpretation, and that a Red Cross nursing service consists of a well-trained, well-disciplined corps of nurses and auxiliaries infused with the ideals of the Red Cross, ready to care for the civil population in the hospitals, health centres and in the homes, and ready at all times to respond to the call of the Red Cross in time of great national need with that devotion and enthusiasm so characteristic of the great institution to which they belong.

The Red Cross Nursing Programme

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II.

Originally the Red Cross, as an institution auxiliary to the army, confined itself to training male ambulance personnel; as early as 1869, however, it became clear that women should also be allowed to care for the wounded. The Third International Red Cross Conference, held at Berlin in the same year, adopted a recommendation to National Red Cross Societies "to provide for the training of nurses," to test their capacity by strict examinations and to train them in time of peace by nursing among the poor.

Thus, from the very beginning the problem was attacked in the proper manner, and the Red Cross nurse was made aware of her two-fold duties, in time of peace and in time of war.

Ever since 1919 the Red Cross Societies have been extending their field by developing their peace activities. That, too, is the reason why the League of Red Cross Societies has been founded. Nursing personnel, however, is as before their chief concern.

Nowadays this personnel has to undergo a far more complete and much longer course of training. Some countries have made the acquiring of a "State diploma" compulsory for the professional nurse, and as a result most of the Red Cross training schools have extended their courses to meet this requirement.

The final agreement between the International Committee and the League, arrived at in 1928, has made possible general co-operation with a

view to raising the professional standard of Red Cross personnel. The International Committee will devote itself to training with a view to war and public disaster, while the League busies itself with technical matters arising out of peace activities.

To prevent any misunderstanding, however, it should be clearly understood that the International Committee has always, first and foremost, combated the idea of war and striven to make the pacific activities of the Red Cross pre-eminent by developing the ideals of universal concord and progress. During the terrible struggle that recently devastated Europe, the International Committee, with headquarters in a small republic whose good fortune it was to remain neutral, never ceased to proclaim the principles of charity and devotion which are at the root of all its work. It is still working for this international understanding when it advocates the training of efficient and devoted personnel in all countries, for all that is learnt with a view to war emergencies is useful in time of peace, and as long as a possibility of war still exists it is absolutely necessary that the Red Cross should be prepared to do its duty as a humanitarian agency.

Let us now turn to the programme of the Red Cross Societies for the training of personnel for war time.

The first thing we notice is that this training varies greatly in different countries, even in the most progressive, but that it generally follows the standard adopted for the training of the professional nurse.

For practical purposes, we can approximately divide the various states into three groups:

1. Large nations, with extensive territories;
2. Nations of moderate size;
3. Small nations, with restricted territories.

Let us first examine the position of the Red Cross in large and well-organised countries.

A strong and independent nation is respected by her neighbours, and if she is prompted by a more or less peaceable spirit the dangers of war, insofar as she is concerned, are comparatively negligible. The financial resources of these nations being comparatively large, as is also the number of their professional nurses, it is only natural that their Red Cross Societies should form from amongst the most capable of these nurses auxiliary corps which can be mobilised speedily in case of need.

The entire organisation of these auxiliary corps depends on the Red Cross, and the solution of such an intricate problem which may vary greatly according to circumstances, naturally calls for minute preparation. It implies taking nurses away from their usual employment, without emptying the hospitals of their staffs or interfering with the proper working of peace institutions. On the other hand, all unnecessary transport must be avoided, as well as any excess or deficiency in the numbers of those mobilised. The latter should be formed into homogeneous and efficient units; for this reason the special qualifications of every nurse should be known, and she should be assigned to such work as she is best able to perform. While one may make an ideal commander of a unit, another may be a perfect subordinate. One unit may do excellent work in case of an epidemic, another may be better suited for ambulance service in time of war.

In the various countries the Red Cross Societies have laid down different rules for the enlistment and the keeping of registers of available nurses. Some training schools oblige their pupils to join the Red Cross for service in case of war or public calamity for a certain number of years after taking their diplomas. In other countries, nurses enlist voluntarily for any period they choose.

Side by side with the enlistment of professional nurses, the Red Cross Societies provide for the organisation of an efficient auxiliary personnel, to assist the trained nurses in their work. These auxiliaries are employed either in hospitals for work which does not require special knowledge or training,

or outside the hospitals for the preparation of ambulance equipment.

Without adequate equipment the efficiency of even the best units is much diminished, if not paralysed. For this reason National Red Cross Societies must co-operate with the Army Medical Corps to provide for a sufficient issue of equipment, so as to prevent all hindrance of their work.

In order to facilitate this organisation, the International Red Cross Committee has opened at Geneva an "International Institute for the Study of Ambulance Equipment," which collects information received from the various Medical Corps. A permanent exhibition of all the articles now used gives to expert visitors an opportunity of knowing the latest inventions and the most practical apparatus devised.

The International Committee has also extended its patronage to a commission of experts from various countries, which is engaged on the task of standardising ambulance equipment. Should this standardisation be achieved, the international co-operation of Red Cross units would, no doubt, be much facilitated.

Countries of medium size, for political and geographical reasons, are in a less favourable position than big nations. The risk of war is less remote, invasion is possible from various quarters, and the invader may occupy a vital part of the national territory. Their financial resources, too, are smaller, and the number of their professional nurses, sufficient in time of peace, is quite inadequate to meet war-time emergencies.

The Red Cross is thus faced with a totally different situation. Although the professional nurse or the Red Cross nurse with equivalent training, must needs remain its first and most important element, the Red Cross should nevertheless provide for voluntary aid detachments, also able to help care for the sick and wounded.

With a view to training this personnel, the Red Cross Societies in better organised countries have founded special schools which give different degrees of training. Generally speaking, they include elementary, middle and higher courses, the theoretical and practical basis being the same for all pupils. At the end of every course there is an examination, conferring a certificate and giving access to the next course in order. The highest certificate is equivalent to the government diploma, and consequently to that of a professional nurse.

In time of peace or of public calamity, these auxiliaries work either in detachments specially formed by the Red Cross, or they may be placed at the disposal of the Army Medical Corps.

The situation of small states with limited territory, surrounded by larger nations, is even more uncertain, their geographical and political position exposing them freely to armed invasion. Such invasion, with all the suffering it entails for the civil population, may easily cover the whole of their territory. As their population is small, they can call upon only a very limited number of professional nurses—a number which may be sufficient in time of peace but is absurdly inadequate in time of war; moreover, their financial resources are generally very limited. In their case war means the mobilisation of practically the whole able-bodied population.

In these countries, the Red Cross Societies have not only founded training schools for professional nurses, but they have also started to train aid detachments in large numbers. They have organised evening courses and other short courses, where young women of all classes and education may, in a short time, be given some elementary ideas about nursing the sick and the wounded.

If well led and placed under the orders of doctors interested in their training, and of head nurses, these aid detachments, called "Samaritans" in some countries, are able to do valuable service. If, however, co-operation of this kind is to be made effective and produce the best possible results, this personnel must be subjected to strict discipline, and the nurses in charge

must be gifted with considerable organising ability.

The Red Cross must therefore carefully supervise the elementary courses in first aid to the sick and wounded, or better still it should itself organise all such instruction. It should try to interest the medical profession in this work, because the local doctors will of course be called upon to teach the classes. The Red Cross should draw up the theoretical and practical programme of the courses and supervise the carrying of it into effect. These aid detachments, "Samaritans," or whatever may be their official name, cannot in any case be put on the same footing as professional nurses. They will be trained in peace activities, in dispensaries, and so on, under professional supervision. Frequent exercises or competitions between the units will keep them in good training and well in hand.

In these smaller countries the Red Cross should have a certain right of control in the training of professional nurses so as to raise the average standard as high as possible. It is most necessary to find well-educated young girls willing to follow the whole course of training, even if they do not wish to take up nursing as a career, so that in an emergency it may be possible to select the leaders of whom the small countries stand in great need.

The Red Cross should also co-operate with the Army Medical Corps in providing for the complex organisation and the speedy mobilisation of all these volunteers, thus allowing each to the utmost of her ability, to give timely service to her country.

This brief summary has made no mention of the difference between voluntary and paid nurses, because, to our mind, this distinction is not as important as it is too often thought to be. In some countries it is considered proper to pay all nurses who serve their country, while in others Red Cross work is by tradition gratuitous. These two points of view correspond with different national outlooks, and largely depend on the financial resources of the country concerned.

First and foremost, the Red Cross should try to keep its most valuable supporters; for instance, capable and conscientious nurses who have no private means and therefore cannot work for nothing; it should also avoid discouraging girls of the wealthier class from joining the National Red Cross, for they are one of its most important and vital elements. They consider it an honour to serve the Red Cross without payment; and in their willingness to do even menial work they remain true to the spirit of self-sacrifice which is the underlying principle of the Geneva Convention.

In some countries Red Cross detachments mobilised in time of war or of national disaster, without being actually paid, are boarded and lodged at the expense of the army or of the National Red Cross Society. This method has the advantage of allowing professionals and volunteers of all classes to serve the Red Cross, while upholding the peculiarly generous and altruistic traditions of this service.

In 1869 the International Red Cross Conference at Berlin further examined the question of insuring the ambulance personnel and adopted the following resolution:

> "A pension should be granted to all persons who have become incapable of earning their living while engaged in nursing the wounded in war, as well as to the relatives of those who have died in similar circumstances."

In view of the ever-increasing risks to which ambulance staffs are exposed in war-time, it is doubtful if many National Red Cross Societies can face the cost of insuring their personnel out of their own funds. An understanding on this very important question should certainly be arrived at between governments, the Red Cross Societies and the Associations of Nurses.

We have confined ourselves to a summary of what the Red Cross Societies in the more progressive countries are doing as regards the training of their ambulance personnel. It should be remembered, however, that all countries do not enjoy the

same degree of organisation. In some of them the Red Cross is not very important, in others it can scarcely be said to exist. There still remains, therefore, a great deal to do in helping these countries to organise Red Cross Societies and to make them familiar with Red Cross principles, as well as with those of civilisation in general.

On the other hand, the International Red Cross Committee has no right to interfere in matters which concern only the National Societies; on the contrary, it is most careful to respect their independence and their liberty of action. Nevertheless, it considers itself bound to encourage any attempt to improve the nursing of the sick and wounded. This is why the Committee has always taken a special interest in the training of an efficient ambulance personnel, and has tried to secure as high a standard of instructors of nurses as possible.

At the Thirteenth International Red Cross Conference, at the Hague in 1928, Madame Chaponniere-Chaix, member of the International Committee, submitted a most interesting paper on the recruiting and the training of Red Cross nurses in thirty different countries. Her conclusions, which were supported by Mrs. Carter, chief of the Nursing Division of the League, led to the adoption by the Conference of ten resolutions, the object of which is to lend new impetus to the development of schools of nursing.

It is in a spirit of world-wide sympathy that the International Red Cross Committee seeks to extend its fundamental principles of progress, self-sacrifice and mutual help to all countries. May your present Conference contribute largely to the international understanding which it seeks, to the progress it desires, to the peace for which it hopes.

PRIVATE DUTY SECTION

Two meetings of this Section were held with an exceedingly large attendance at each. The Status and Problems of the Private Duty Nurse were presented by a representative from each of the five continents.

This branch presents many problems in South Africa due to climatic, geographic and linguistic difficulties. Thirty years ago, there were few nurses available for private work, and less demand. Now, Miss A. S. Gordon stated, conditions of work have greatly improved, and fees range from $20 to $35 per week all over the Union and Rhodesia. Nevertheless, she said, nurses are liable to be sent four hundred miles or more into the native territories, into river diggings or to lonely farms, where water and sanitation are lacking. These cases try a nurse's skill, power of endurance and resources very highly.

Private duty nursing in South African cities differs from elsewhere due to the working classes having more money and demanding private nurses instead of free hospital care.

Miss Gordon emphasised the great need of bi-lingual district nurses who are fully qualified in general and midwifery nursing.

In Miss Agnes Chan's paper, she pictured China as a country where this phase of the profession was quite undeveloped. In large cities there are graduate nurses in private practice who have a mutual agreement in regard to fees and working hours, but for practical purposes private nursing has not yet started. Though China can contribute something to civilisation of a character which has its roots in its wonderful history, in matters of health and hygiene she is far behind. Mission hospitals and Chinese practitioners of "Western Medicine" touch only the fringe of the people. The only widespread measure of hygiene is vaccination against smallpox. At every turn, mediaeval medicine, inbred prejudices, conditions of housing, form a barrier against "nursing".

The problem is not just to create large numbers of nurses. On that side, the Nurses' Association of China has already made a great beginning. It is to obtain an adequate medical profession, improved housing conditions, and a great increase in knowledge among the people themselves.

Miss Jessie Bicknell, of New Zealand, described the highly-organised private duty section of her country. In a great many of the towns are residential clubs for state-registered nurses, all of which, with the exception of Auckland and Wellington, being privately owned by experienced nurses. In those two cities, however, they are run by the Trained Nurses Association, and only those belonging to the Association can live there.

Owing to domestic problems, this branch of nursing is most strenuous and each year calls fewer to its ranks. Fees for cases vary from $20 to $25 a week, alcoholic and infectious cases being the most costly

Another aspect of this work is the visiting nurse. She receives her calls from the medical practitioner or through a nurses' club. Her fees vary according to the work undertaken. She fills a great need in the community.

Miss E. C. Kaltoft, of Denmark, in discussing this subject, mentioned that forty years ago, private nursing was done by women with very little or no learning. Now nursing in private homes is mostly done by nurses with three to four years' hospital training.

The registries in Denmark employ only members of the Danish Council of Nurses. Each registry employs a nurse for hourly nursing; this nurse receives her fixed salary from the registry, and also assists with office work.

The Danish Council of Nurses has made provision in various ways for illness, disablement and old age of its members. Miss Kaltoft said in closing: "I do not believe private-duty nursing ought to be a life's work, as when a nurse is no longer quite young

it is not always so easy to get the right cases for her, although many people prefer a middle-aged nurse to a younger on account of her experience, but in general I feel people prefer young nurses."

In discussing Private Duty Nursing in the United States, Miss Janet Geister outlined briefly the growth of nursing. After stressing the need for reorganisation, the speaker dealt with supply and demand, low income, lack of opportunities for advancement, and the irregularity and isolation of the nurse's life. Miss Geister also dealt with the employment of graduate nurses in hospitals and the responsibilities of the Nurses' Registries. In reference to the latter, she said:

"Another significant and hopeful sign is the attention that is being concentrated on our Nurses' Registries. The individualistic method of work of the private duty nurse permits of no combined action in changing methods, in grading the service and in developing new fields. With a few outstanding exceptions, as stated previously, our registries operate only as employment bureaus. They do not function as co-operative enterprises for the advancement of both nurse's and community interest. The registries that are under nurse control have devised rules of conduct and fee schedules which rightly offer protection to the patient. They have not, as a rule, however, devised similar schemes for the protection of the nurse.

"The nurse desiring to do private duty nursing, enrols on the registry of her choice, paying the fee that that particular registry has established. The registry, in return, when it receives a call for a nurse from hospital, physician or patient, assigns her to answer the call. There are a number of forms of registries. Sometimes the hospital where the nurse received her training maintains a list of its graduates who are called when nurses are needed. Sometimes this is done by her Alumnae Association. Again, the registry may be a Physician and Nurses' Exchange, operated by physicians. There are a large number of registries organised chiefly for money profit by business interests. These are called commercial registries. They represent a very real problem to the nursing profession, for too often, in their zeal for profits, no regard is given to nursing standards. They have grown to considerable strength because the nursing profession has heretofore not placed sufficient emphasis on registry development.

"The form of nurses' registry, which has the approval of the profession is the 'Nurses' Official Registry', organised and maintained by district branches of the State Associations of Graduate Nurses. It is to these we are looking for aid in the solution of some of our major private duty problems. So important do we believe the registry to be that a study of registries with a view to developing minimum standards is the major field work project of the staff of the American Nurses' Association for this year.

"Our present individualistic method of work promotes isolation and unevenness in the standard of work offered. It precludes opportunities for developing new fields, for levelling inequalities, for advancing nursing standards. Organised effort must replace individualism. The registry we believe is the medium for this organised effort. Time does not permit a detailed discussion of the methods by which the registry may substitute orderly organisation for chaotic individualism.

"Briefly, the development seems to be away from the function of a simple employment bureau toward the function of a community nursing bureau.

"Common experience indicates that there are many patients sick in their homes, who would profit by skilled nursing care, but who are not so sick as to require continuous nursing care. Most of these patients for diverse reasons cannot employ full-time nursing service. Our practice has been to ignore the needs of this class of patients. The one partial exception has been the appointment of hourly service offered by the Visiting Nurse

Associations. Even though these organisations are generally adding hourly service on a pay basis to their other activities, they still do not reach the great mass of middle-class people whose minor illnesses are now unnursed.

"We look to the registry to take leadership in developing nursing service proportionate in amount to the needs of the cases. If the official nurses' registries do not develop part-time service, there is danger that alert commercial interests may seize the opportunity, thereby exposing this new field to unevenness in quality and to inferior working conditions for the nurses. The wide development of hourly nursing service under registry or Visiting Nurse auspices, will result in increased use of nursing service by the public, and therefore, in the employment of more nurses than can find work under our present conditions.

"The registry controlled by nurses will be in a position to protect the interests of the nurse in a way that no individual or commercial group could or would do. In every way the registry is the most logical and powerful medium for the advancement of nursing interests, and the advancement of nursing standards.. The possibilities of registry influence are only dimly conceived at the present time. It is not too optimistic to predict that the registry will gradually evolve into a strong co-operative organisation, touching all phases of nursing work, providing highly skilled, standardised service to all classes of the community in terms of their nursing needs, and assuring the nurse employment and income stability which is now unattainable by her.

"As we look back over the 56 years that have elapsed since our first nurse graduated, we can take hope in the tremendous vigour of our growth. Though this growth has been uneven, the very alertness of our present inquiry into its trends indicates health. Decadence does not begin until growth and inquiry cease. As one nurse has said in a British Nursing Journal, 'The greatest disloyalty we can show our pioneers is not to move one inch from where they stood'. We are moving, steadily, energetically and purposefully toward an ever-improving service for both patient and nurse."

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Miss Isabel Macdonald, Secretary, Royal British Nurses' Association, dealt with Modern Developments in Private Nursing. This paper slightly abridged follows:

"The evolution of the private nurse from the obedient and undiscerning handmaiden to the skilled and discriminating assistant of the patient's medical attendant has been inevitable, for with the development of medical and surgical science the medical practitioner relies to a greatly increased extent upon her knowledge, initiative and resource.

"The patient also is wise to place his confidence in her, realising that she can be relied upon to cope efficiently and with self-possession with any emergency which may unexpectedly arise.

"Well-trained private nurses to-day are ready, with intelligent self-reliance, to assist the medical practitioner and loyally carry out his instructions for the treatment and care of the patient. Moreover, our young nurses of the present day, with their gay courage and brightness, are adepts in the art of suggestion, and thereby produce effects, better than medicine, on the physical body. Knowingly or otherwise, they have a wonderful fund of practical knowledge in the field of psychology, gathered, most of it, in the school of experience; and surely this knowledge, which many nurses so absorb that it becomes part of themselves, develops in a certain sense into intuition, and is indeed a modern trait which is now practically a necessity in a nurse at the present time, when people are admittedly less prepared to bear sickness and pain with the stoicism and patience that belonged to days when the wheels of life moved so

much more slowly, and put, in comparison with the present, but a small strain on the nervous system.

"The modern private nurse must be a conversationalist. The most forceful and successful private nurses at the present time are those who have wide interests, for then also are they likely to be large-hearted as well as deft-handed. The days when the nurse who smoothed the fevered brow, or gently laved it with eau-de-cologne was considered an ideal private nurse are long past; she has got to get right inside that head with refreshing news from outside the sick room, and to be ready to drive into the patient's mind some suggestion or some new thought that will break the habit, so characteristic of people at the present day, of letting their minds continually dwell on their symptoms.

"In those early days, three months of hospital training were usually considered sufficient as preparation for the duties of private nursing, and it was thought that nurses without sufficient capacity for hospital work could be relegated to this branch of our profession. Now we know that it requires women of much experience, since for the most part their work is unsupervised; they must be discreet, conscientious, and possess initiative, and each must have personality which makes her acceptable to her patients and a support and comfort in a house of sorrow.

The Standard of Nursing Education

"The requisite standard of training for nurses in England at the present time is at least three years in a general hospital, or hospitals, approved by the General Nursing Council for England and Wales, and I am aware that this standard is adopted in other countries, but the private nurse, to be thoroughly equipped for her work, needs considerably more preparation. Training in the nursing of sick children, in infectious nursing, in mental nursing, and in midwifery or maternity nursing, is also desirable, and, although few private nurses possess all these qualifications, many possess one or more, and the ideal, that they should have all, is one to be aimed at, for in the course of their work their services are liable to be called upon in connection with any of these branches.

The Professional Position of the Private Nurse

"The modern Registered Nurse is a professional person with a defined position, and a State qualification, and medical practitioners, from loyalty to an associated profession on whose help they are so dependent, and patients or their relatives, for the protection of the sick person, should assure themselves that a nurse holds the State qualification before permitting her to undertake duties requiring knowledge and skill, and before admitting her to the intimacy of their houses.

Living Out System

"One development of modern private nursing is that more and more are the nurses going out from their clubs, small flats, or their own rooms, to nurse their cases; they become day or night workers like other folk doing a definite stretch of duty. This arrangement is wonderfully popular among the private nurses—it gives a sense of freedom and release that they certainly appear to appreciate in spite of having to turn out into the dark night or to take a journey on many a cold morning.

"It sounds paradoxical to indicate, as a modern development of private nursing, the scarcity of surgical cases. Only comparatively rarely now does a nurse go to an operation in a private house, and take over full charge of the case from start to finish.

"In another sense private nursing has altered and become more restricted; very few are the chronic cases that fall to private nurses at the present time; this is largely due to the fact that the nurses' fees have been much increased of late years, and only people whose means are considerable can go on paying indefinitely perhaps four guineas weekly for a nurse, or six if she has to sleep away from her case. But a factor which has influenced this scarcity of chronic cases is the entrance of V.A.D.'s (Members of Voluntary Aid

Detachments) in such large numbers into the field of private nursing work since the War. Many of those are employed by doctors, particularly in the provinces, and there is no doubt that they enter into serious competition with fully-qualified nurses, especially as most of them are prepared to charge a much smaller fee for their services.

"Of recent years nurses have from time to time, and with a varying amount of success, tried to establish themselves in visiting nursing practice, but here again they have to contend with competition from the partly trained. What was once part of the visiting nurse's practice, namely, massage and electrical treatment, has been absorbed into the Red Cross Centres to a considerable extent, while many other V.A.D.'s have taken special training in this branch of work and are visiting the patients in their own homes.

THE ECONOMIC POSITION

"Private Nursing is one of the few branches in which a nurse can build up a practice of her own, whether in connection with a co-operation, which is the wisest course, or individual.

"In the development of any business the competitors who will be encountered must be taken into consideration, and those of the private nurse are many and powerful, threatening indeed to crush her out of existence.

"In the first place, many hospitals have now private nursing staffs attached, which are able to undercut the independent private nurse, firstly by charging a lower fee than one which is an economic wage, and further because their nurses, between their cases, can be housed in the nurses' homes attached to the hospitals which are built and maintained by private benevolence. What is more serious is that the committees of these hospitals are able to secure the support of members of the present and past medical staffs, thus restricting the legitimate sources from which independent private nurses would otherwise draw their clientele of doctors. Add to this the facts that many hospitals are opening wards for paying patients, thus decreasing the number of patients nursed in their own homes, that many doctors now send their patients into nursing homes, that a considerable number of massage and chronic and other lengthy cases are absorbed, as before mentioned, by V.A.D.'s, and that Registered Nurses in private practice have to compete in the open market with the unregistered, and it is obvious that the position of the private nurse is serious. Also, the nursing increasingly provided by insurance societies as part of the benefit contracted for by their clients, must be taken into consideration, although this may perhaps be regarded as a new opening for nurses, provided that these societies undertake only to supply Registered Nurses.

"It will be realised, therefore, that private nursing in Great Britain is still entirely unorganised, and that the competitors of the nurses—including powerful voluntary hospitals—are formidable indeed; it is a very difficult matter to maintain organisations of private nurses and it is essential, if they are to maintain their position in this, and indeed in any country, that the nurses shall co-operate and combine in order to organise effectively.

"I beg to submit for your consideration and discussion the following points:—

"1. What shall be the standard of practical knowledge for a nurse in private practice?

"2. What should be her minimum fee?

"3. Is it advisable for the hospitals with training schools attached to maintain staffs of private nurses?

"4. Is it advisable for National Red Cross Organisations to encourage short terms of training for their nursing members, and to employ such pupils in competition with Registered Nurses?"

In presenting the subject, "The Economics of Nursing," Miss Elizabeth Fox, National Director, Public Health Nursing Service, American National Red Cross, dealt with the nursing system in the United States and discussed at length the supply and demand, the economic factors involved, as the cost

of sickness and the purchasing power of the people, and the need, after which she presented some conclusions which are published in full:

"1. That we shall always need a supply of private nurses for critical illnesses, medical, surgical, obstetrical and psychiatric.

"2. That this need, strictly speaking, is probably much smaller than we are accustomed to think.

"3. That to meet this need we do not require as large a body of private nurses as we now have.

"4. That private nursing is a luxury within the reach of possibly only about ten or fifteen per cent of the people.

"5. That, notwithstanding, critical illnesses occur among the 85 or 90 per cent who cannot afford a private nurse, as well as among the 10 or 15 per cent who can.

"6. That since private nurses are making only a bare living, they not only cannot reduce fees for the families who need them though unable to afford them, but are in need themselves of being assured a more stable and adequate salary.

"7. Therefore, that some other way must be found to furnish private nursing in accordance with the patient's need rather than his income.

"8. That, on the other hand, families are often straining resources disastrously to provide nurses for patients who could be served satisfactorily by the group nurse or student nurse in the hospital, or by the hourly or visiting nurse. These families are straining after a luxury which they do not need, cannot afford, and which private nurses should not be expected to provide at a loss. This presents a psychological problem calling for the re-education of the public.

"9. That the present individualistic system of private nursing is working both to the grave disadvantage of the sick because of the great inequalities in distribution and the high cost, and also to the equally grave disadvantage of the private nurse herself, who must assume all the risk of an unregulated and uncertain demand and of equally unregulated competition.

"Concerning hourly nursing and visiting nursing, we conclude:

"1. That the greater part of the load of nursing care in the homes must be borne by the hourly and visiting nurses, since (a) in a considerable proportion of cases part-time service is all that is needed, and since (b) the great majority cannot afford private nursing.

"2. That the total number of hourly and visiting nurses at present is not nearly sufficient to carry such a load.

"3. That expansion of hourly nursing facilities to the maximum does not represent a serious economic problem, since when properly organised it would presumably be self-supporting.

"4. That hourly nursing, both to meet the need effectively and to be self-supporting, must be organised as a community service.

"5. That, since visiting nursing is already organised as a community service, and since the difference between hourly and visiting nursing should surely not be one of quality, and probably not of content, but merely of administrative detail, these two could very well be combined.

"Concerning practical nursing, we conclude:

"1. That there is a real need for a secondary worker, primarily to run the household and wait on the patient, but also able to give simple nursing care.

"2. That while the present wholly unregulated practice of the practical nurse permits her to assume responsibilities which can only be undertaken safely by a highly-trained nurse, it does not require even the minimum equipment sufficient to qualify her as a secondary worker.

"3. That the present disorganised state of private nursing is largely responsible for the growth of practical nursing, and especially for its infiltration into areas of service which properly require the knowledge and skill of the graduate nurse.

"4. That the effort to secure or enforce controlling legislation is therefore more or less futile until the profession itself begins to organise to meet the need more adequately.

"5. That satisfactory standardisation and regulation of this secondary service may well come about as the logical result of a better adjustment of professional nursing to the economic situation.

"Concerning the care of the sick by the family, we conclude:—

"1. That there is a considerable amount of sickness of a disabling but quite minor character which can be nursed satisfactorily by the family with some knowledge of sick room procedure.

"2. That the work of the visiting nurse would be greatly facilitated if some member of the family had some previous instruction in home nursing.

"3. That there are large areas of the country where there are as yet no private, hourly or visiting nurses and where the whole responsibility must be carried by the family.

"4. That wide extension of classes in home nursing for women and girls would go far toward meeting these needs and would be an invaluable contribution to the whole problem.

"And finally, with regard to prevention, we conclude:—

"1. That the surest, most effective, most practical way to avoid the bankruptcy of sickness is to keep well. The conservation of health is no fad; it is a grave necessity. The great majority of us absolutely cannot afford to be sick. Whatever else happens we must keep our health.

"2. That this basic fact has not yet registered sharply enough to affect our procedure. Our whole system—governmental, professional and personal—is designed to provide the ambulance at the foot of the precipice rather than the fence at the top, in spite of the fact that the ambulance costs many times more than the fence.

"3. That the present development of public health nursing is far from adequate in scope or extent.

"4. That the nursing profession as a whole is burying one of its greatest talents in the ground by failing to utilise the opportunities which are abundant in all forms of nursing service, as well as in public health nursing for health teaching and health conservation.

"5. That a more adequate development of public health nursing and the universal teaching of health practices by all nurses would tend to change the whole picture, so great would be the reduction in the amount and severity of disease.

A Way Out

"How are these things to be accomplished? That nursing must substitute collectivism for individualism is the tentative answer one hears more and more generally among the profession in the United States today. Organisation, the foundation of success in so many other dilemmas, seems to offer the most helpful method of adjustment. Whether it comes about through slow and cautious steps or through bolder measures, it seems inevitable that it must come eventually.

"Three major developments seem imperative:—

"1. The development of public health nursing to a point where adequate service is given throughout the country.

"2. The education of all nurses to be health teachers, and their acceptance of the opportunities for health teaching in all forms of nursing service.

"3. The devising of a new system of furnishing nursing care for the sick which will provide the essential care, whether private nursing on the individual or group basis, visiting nursing at hourly rates or at cost, or practical nursing, according to the individual patient's need rather than his ability to pay.

"Assuming that no system less comprehensive than this can bring about even reasonably complete adjustment of the profession of nursing to the economic need, how can such

a system be put into effect? Who knows with any certainty? And how can we know until we make a beginning and learn from experience how to go on.

"It seems reasonably probable, however, that any system approaching adequacy, to be economically sound must:

"1. Organise the provision of nursing care for the sick as a public service co-ordinated under one central body.

"2. Maintain a staff of graduate nurses and secondary workers sufficient to meet the needs for full-time and part-time, skilled and unskilled service.

"3. Assure this personnel a reasonable and regular income.

"4. Maintain a flexible system and programme allowing for the broadest and most elastic use of the personnel both in the interests of economy and because of the stimulating effect on the personnel.

"5. Secure the necessary funds to meet unavoidable deficits from the community through taxes, endowments and contributions.

"6. Conduct the entire undertaking according to the most enlightened economic, social and professional standards.

"It also seems reasonably clear that the burden of organising and maintaining so comprehensive a public service can only be assumed by the community itself through a responsible board representing the general public, the consumer, the taxpayer, the donor, chosen because of their public spirit, their enlightenment, their farsightedness and sound judgment.

"The problems involved in bringing to pass such an unprecedented organisation of a profession are complicated in the extreme. We do not presume to know how all these problems should be met, nor do we believe any one else knows. Experience alone will disclose the solution of many problems. We must not wait until we can see the final goal in detail; we must take those steps we can plainly see just ahead, hoping that they will lead us to other steps now only dimly glimpsed.

"We are dreaming of a miracle in social engineering which some of us believe can actually be brought to pass. We are thrilled with a sense of high adventure and ardently hope to live long enough to take part in this great undertaking and to see it through."

These papers by Miss Macdonald and Miss Fox provoked lively discussion, creating an interest which should result in some thinking among nurses.

At the close of the Congress of the International Council of Nurses, on the authority of the first vice-president of the Canadian Nurses Association, an informal conference of representatives from each province of the Dominion was held.

The purpose of the meeting was to express on behalf of the nurses of Canada the feeling of pride and satisfaction in the splendid arrangements that were carried out in connection with the Congress of the International Council of Nurses, and to express their indebtedness to Miss M. F. Hersey and all members of the arrangements committee and to the individual nurses of Montreal who represented the Canadian Nurses.

[Editor's Note: This note of thanks was published in Montreal daily papers on Tuesday, July 16th, 1929.]

The thanks of the Canadian nurses is also offered to the nurses of Quebec City, who met each boat on which were nurses from overseas en route to Montreal, and to whom hospitality was extended during the stopover in Quebec.

Following the Congress numbers of nurses visited cities in the United States and Canada where they wished to spend several days in making observation and study in one or another of the fields in nursing. The local nurses in those centres made arrangements for these visits and also for the entertainment of the visitors.

ANNOUNCEMENTS

The annual meeting of the New Brunswick Association of Registered Nurses will be held in Saint John, September 17th and 18th, 1929.

A joint meeting of the Manitoba Registered Nurses, Hospital and Medical Associations will be held in Winnipeg, September 9th to 13th, 1929.

Owing to this issue being devoted to the Congress no News Notes are published.

A limited number of extra copies of this issue are available and may be procured at fifty cents a copy as long as the supply lasts.

Official Directory

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Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Miss J. Tinney, 187 Selkirk St.; First Vice-President, Miss D. Thomas, General Hospital; Second Vice-President, Miss W. Fair, General Hospital; Recording Secretary, Mrs. E. P. Smythe, 193½ King St.; Corresponding Secretary and Press Correspondent, Miss J. Davis, Fourth St.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; The Canadian Nurse, Miss G. Hillman, 44 Third St.

A.A., ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

A.A., CORNWALL, GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

A.A., ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss I. Inglis; Second Vice-President, Miss L. Sprowl; Secretary, Miss Josephine Pierson, 16 Powell St.; Treasurer, Miss A. Milloy; Flower Committee, Misses Creighton and Badke, Mrs. R. Hockin; Correspondent to "The Canadian Nurse," Miss A. L. Fennell.

A. A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Cora Taylor, 80 Grant Ave.; Vice-President, Miss Ella Baird, 15 Bold St.; Recording Secretary, Mrs. Barlow, 134 Catharine St. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Mrs. E. M. Johnson, 156 Kensington Ave. S.; Treasurer Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Mrs. Roy (Convener), Misses G. Hall, A. Atkins, T. Armstrong, L. Call, M. Harrod; Registry Committee, Misses E. Davidson, G. Hall, Mrs. Hess; Programme Committee, Miss Buchanan (Convener), Misses Souter, Sturrock, J. Murray, Eastwood; Flowers and Visiting Committee, Miss Annie Kerr (Convener), Misses McDermott, Pegg, Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives to "The Canadian Nurse," Miss Souter (Convener), Misses Pegg, Baird; Representative R.N.A.O. Private Duty, Miss Hanselman; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON,

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagare; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss G Boyes.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Mrs. Irene McDonald, c/o Hotel Dieu; Executive Committee, Mrs. L E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Alfred Street; Secretary, Miss Olivia M. Wilson, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, Kitchener and Waterloo Hospital, Kitchener; Asst. Secretary, Mrs. L. Bauman; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

A. A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sister M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss A. Costello; First Vice-President, Mrs. J. Nolan; Second Vice-President, Miss L. Morrison; Corresponding Secretary, Miss N. Barr; Recording Secretary, Miss H. Mullins; Treasurer, Miss E. Beger, 27 Yale St.; Representative, Board of Central Registry, Miss A. Costello.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Grace M. Fairley, Victoria Hospital; President, Miss Della Foster, 503 St. James Street; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christena Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas Street; Secretary, Miss Isobel Hunt, 898 Princess Avenue; Corresponding Secretary, Miss Mabel Hardie, 281 Queens Ave.; Representative, The Canadian Nurse, Miss Luella M. Shaw, Victoria Hospital; Board of Directors, Mrs. C. J. Rose, Misses F. MacPherson, H. Hueston, E. Swetnam, H. Cryderman, A. McKay; Representatives to Registry Board, Misses M. McVicar, S. Giffen, F. Macpherson and A. Johnston.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Miss Marion Curry; First Vice-President, Mrs. M. E. Sharpe; Second Vice-President, Mrs. D. O'Donnell; Treasurer, Mrs. N. Gillies; Secretary, Miss H. J. Pirie; Convener, Sick Committee, Mrs. V. Wesley; Asst. Convener, Sick Committee, Mrs. J. Taylor; Convener, Private Duty Committee, Miss A. I. Pirie.

A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss E. Johnston; President, Miss M. Harvie; First Vice-President, Miss M. Payne; Second Vice-President, Miss A. Dudenhoffer; Secretary-Treasurer, Miss Gladys M. Went; Programme Committee, Misses C. Newton, M. Stephen, F. Graham; Visiting Committee, Misses G. Adams, E. Mitchell, F. Pearce.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss E. MacWilliams; President, Mrs. H. W. Trick, 168 Simcoe St. N.; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Miss Elma M. Hogarth, 301 Celina Street; Treasurer, Mrs. H. Harland, 50 McMillan Drive.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

President, Miss Isabel Mothersill; Vice-President, Miss Mary Nelson; Secretary, Miss Isabel Allan, 408 Slater St.; Treasurer, Mrs. Florence Ellis; Representatives to Central Registry, Miss Grace Woods and Miss Norma Lewis; Representative to the Local Council of Women, Miss Mona Drummond.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Mrs. John Murphy; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Viola Foran, 557 Laurier Ave., West; Membership Secretary, Miss Pauline Bissonnette; The Canadian Nurse, Miss Juliet Robert; Representatives to The Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Vian, Miss F. Nevins; Representatives to Central Registry, Miss A. Stackpole, Miss L. Egan, and a member of each class.

A. A., GENERAL AND MARINE HOSPITAL OWEN SOUND.

Hon. President Miss Edith Jefferies; President, Miss E. Webster 1022 4th Ave. W.; Vice-President, Miss Cora Thompson; Secretary-Treasurer, Miss Cora Stewart, General and Marine Hospital; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Mrs. Wm. Forgrave, Mrs D. J. McMillan, Miss C. McLean; Programme Committee, Misses Olga Stewart, Grace Rusk, Mary Graham; Press Representative, Miss Mary Sim.

A.A., NICHOLL'S HOSPITAL, PETERBORO.

President, Miss F. Dixon; First Vice-President, Miss E. B. Walsh; Second Vice-President, Miss H. Anderson; Treasurer, Miss M. R. Reid; Secretary, Miss B. Smith; Corresponding Secretary, Miss J. Deyell, Y.W.C.A.; Convener, Social Committee, Miss M. Watson; Convener, Flower Committee, Miss A. Dobbin.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss L. Barwise; 2nd Vice-President, Miss L. Seigrist; Treasurer, Miss M. Lee; Secretary, Miss B. M. Farlane.

A.A., SAULT STE. MARIE GENERAL HOSPITAL

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss S. Meyschein; Vice-President, Miss C. Staples; Secretary-Treasurer, Miss L. M. Wilks; Flower Committee, Mrs. L. Dunsmore, Miss A. Turnbull; Correspondent, "The Canadian Nurse," Miss C. J. Zoeger.

A. A., MACK TRAINING SCHOOL, ST. CATHARINES.

Hon. President, Miss A. Wright, Superintendent General Hospital; President, Mrs. Charles Hesburn, 54 George St.; First Vice-President, Mrs. Parnell, 161 Church St.; Second Vice-President, Miss Tuck, 106 Church St.; Secretary-Treasurer, Miss Ethel Whittington, General Hospital; Assistant Secretary-Treasurer, Miss Mary Phipps, 82 Hainer St.; Programme Committee, Mrs. Ockenden, Misses F. McArter, A. Johnston and F. Case; Social Committee, Misses B. Kennedy, A. Moyer, R. Beckett, A. Gayman and Mrs. F. Newman; "The Canadian Nurse" Representative, Mrs. Parnell; "The Canadian Nurse," Subscriptions, Miss F. McArter; Press Correspondent, Miss S. E. Hanna.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Jessie Grant, Memorial Hospital; First Vice-President, Miss Jean Killins; Second Vice-President, Miss Hazel Hastings; Secretary, Miss Annie Campbell, Memorial Hospital; Corresonding Secretary, Miss Gladys Hardy, 19 Weldon Avenue; Treasurer, Miss Mary Malcolm, 142 Centre Street; The Canadian Nurse, Mrs. Thomas Keith, 47 William St.; Executive, Mrs. J. A. Campbell, Misses Isabel Matheson, Roma Chambers, Elinor Raman, Claribel McCorquodale.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Jean Browne; 1st Vice-President, Miss Hunter; 2nd Vice-President, Miss M. Crossley; Treasurers, The Misses Fidler, Nurses' Residence, Toronto General Hospital; Corresponding Secretary, Miss L. Bailey; Recording Secretary, Miss M. Stewart; Councillors, Misses K. Russell, G. Gordon, C. Vale, M. Dulmage, McFarland.

A.A., GRACE HOSPITAL, TORONTO

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A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther Cook, 130 Dunn Ave.; President, Mrs. Caroline Ash, 130 Dunn Avenue; Vice-President, Miss Jean Macpherson, 130 Dunn Avenue; Secretary, Miss Mary Crawford, 130 Dunn Avenue; Treasurer, Miss Amy Poff, 130 Dunn Avenue; Press Secretary, Miss Ione Clift, 130 Dunn Avenue; Convener, Social Committee, Miss Effie Carrie, 61 Roncesvalles Avenue.

A.A., TORONTO ORTHOPEDIC HOSPITAL

Hon. President, Miss E. McLean; President, Miss M. Devins, 42 Dorval Rd.; Vice-President, Mrs. W. J. Smithers, 74 St. George St.; Secretary-Treasurer, Miss O. Fee, 100 Bloor St. W.; Representatives to Central Registry: Mrs. Proctor, 226 Glen Rd.; Miss E. Kerr, 1594 King St. W.; Representative to R.N.A.O., Miss A. Bodely, 43 Metcalf St.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss E. Lyall, 290 St. George St.; First Vice-President, Miss G. Gastrell, Isolation Hospital; Second Vice-President, Mrs. Radford, 458 Strathmore Blvd.; Secretary, Miss A. Hastings, Riverdale Hospital; Treasurer, Miss D. Dench, 135 Coleman Ave.; Conveners of Standing Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss F. Scott, 1026 Danforth Ave.; Representatives to Central Registry, Misses B. Hewlett and J. Haines; Representative, "The Canadian Nurse," Miss A. Hastings.

A. A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts and Miss Kathleen Panton; President, Miss Hazel Hughes; First Vice-President, Mrs. A. L. Langford; Second Vice-President, Miss Gene Clark; Secretary, Miss Wilma Low, 274 Danforth Ave.; Corresopnding Secretary, Mrs. D. M. Smith, 250 Heath St. W.; Treasurer, Mrs. A. P. Reid, 58 Hubbard Blvd.; Councillors, Miss Carson, Mrs. Strachan, Miss K. Halliwell, Miss Florence Booth, Mrs. T. A. James, Miss St. John.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Haslett, 48 Howland Ave.; First Vice-President, Miss Ramsden, 9 Carey Rd.; Second Vice-President, Miss Bowen, 9 Linden St.; Corresponding Secretary, Miss Magnan, 3 Ravina Cres.; Recording Secretary, Miss Coleman, 119 Wellesley Cres.; Treasurer, Miss Cook, 1192 Gerrard St. E.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

President, Miss Essie Taylor, 20 Lauder Ave., Toronto; First Vice-President, Miss Ella Graydon; Second Vice-President, Miss Ella O'Boyle; Third Vice-President, Miss Helen O'Sullivan; Recording Secretary, Miss Roselle Grogan; Corresponding Secretary, Miss Marie E. McEnaney, 62 Ariel St., Toronto; Treasurer, Miss Helen Hyland, 137 Belsize Drive, Toronto; Directors, Misses E. M. Chalue, M. I. Foy, Marcella Berger; Conveners of Standing Committees, Misses Ivy de Leon, Julia O'Connor, Hilda Kerr.

A.A., VICTORIA MEMORIAL HOSPITAL, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Edith Carson, 496 Sherbourne St.; Vice-President, Miss Alice Brown, 40 Wroxeter St.; Treasurer, Miss Elda Rowan, 342 Spadina Rd.; Recording Secretary, Mrs. Florence Barry, 42 Maitland St.; Corresponding Secretary, Miss Jessie Campbell, 121 Carlton St.; Executive, Misses Tucker, Lavelle, Fraser and Meikle; Correspondent to "The Canadian Nurse," Miss Bernice Reid, 88 Carlton St.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss R. Beamish; Vice-President, Miss L. Smith; Recording Secretary, Miss F. Matthews; Secretary-Treasurer, Miss G. Jones; Representative to The Canadian Nurse, Miss E. Smith; Representative to Local Council, Mrs. MacConnell; Honorary Councillors, Mrs. Yorke and Mrs. MacConnell; Councillors, Mrs. Henders, Miss McLean, Miss Cooney, Miss L. Steacy, Mrs. Bateman, Miss Stevenson, Miss Milligan, Miss Gross; Social Committee, Mrs. A. Wilson; Flower Committee, Miss Lamont.

Meetings will be held the second Thursday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A. A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Harriett T. Meiklejohn; President, Miss Hawkes; First Vice-President, Mrs. Akins; Second Vice-President, Miss Arksey; Treasurer, Mrs. Hood; Corresponding Secretary, Miss McClintock (first), Miss Groenswold (second); Recording Secretary, Miss Munns; Social Committee, Miss May; Representative to "The Canadian Nurse," Miss M. F. Snell, 21 Kelvin Manor Apts., 2161 Yonge St.

A.A. CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss Louise Smith, Toronto Hospital, Weston; Vice-President, Miss Ella Robertson, 137 Markham St., Toronto; Secretary, Miss Ruth MacKay, Toronto Hospital, Weston; Treasurer, Miss Clara Foy, 163 Concord Ave., Toronto.

A. A., GENERAL HOSPITAL, WOODSTOCK,

Hon. President, Miss Frances Sharpe; President; Mrs. J. McDiarmid; First Vice-President, Mrs. Melsome; Second Vice-President, Miss G. Boothby; Secretary, Miss A. Schofield; Asst. Secretary, Miss H. Brown; Treasurer, Miss E. Eby; Corresponding Secretary, Miss L. Jackson; Representative to "The Canadian Nurse," Miss A. Cook; Social Committee, Mrs. Melsome, Misses Kerr and Jackson; Programme Committee, Misses Hobbs, McKay, and Costello; Flower Committee, Misses Jefferson and Cook.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent Sherbrooke Hospital; President, Miss Doris Stevens; First Vice-President, Miss Ella Morrisette; Second Vice-President, Miss Rhena Work; Treasurer, Mrs. Oscar Stenson; Recording Secretary, Miss Helen Hetherington; Corresponding Secretary, Miss Margaret Robins; Representative to "The Canadian Nurse," Miss Carolyn Hornby, Box 324, Sherbrooke, P.Q.

A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss L. M. Brown; President, Miss B. A. Jobber; Vice-President, Miss M. McNutt; Secretary-Treasurer, Miss B. F. Lapierre, 9563 LaSalle Blvd., LaSalle, P.Q.; Executive Committee, Miss A. Talbot, Miss M. Lamb.

Meetings, first Monday each month.

MONTREAL GRADUATE NURSES' ASSOCIATION

Hon. President, Miss L. Phillips, 3626 St. Urbain St.; President, Miss C. V. Barrett; Royal Victoria Hospital; First Vice-President, Miss A. Jamieson, 1230 Bishop St.; Second Vice-President, Miss A. DesBrisay, 1230 Bishop St.; Secretary Treasurer, Miss J. A. Fletcher, 1230 Bishop St.; Day Registrar, Miss L. White, 1230 Bishop St.; Night Registrar, Miss E. Clarke, 1230 Bishop St.; Relief Registrar, Miss J. A. Fletcher, 1230 Bishop St.; Convener, Griffintown Club, Miss G. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday, January, April, October, December.

A.A., CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. S. Kinder; President, Miss M. Watson; Vice-President, Miss I. Stewart, Secretary, Mrs. F. C. Martin, 228 Royal Avenue; Treasurer, Miss M. Flanders; Sick Nurses Committee, Miss M. Clarke, Miss A. MacFarland; Representative to "The Canadian Nurse," Miss D. Parry; Members of Executive Committee, Misses E. Hogue, E. Hillyard.

A.A., MONTREAL GENERAL HOSPITAL

President, Miss F. E. Strumm; First Vice-President, Miss E. M. Cowen; Second Vice-President, Miss M. K. Holt; Recording Secretary, Miss M. P. Boa; Corresponding Secretary, Miss H. G. Hewton; Treasurer, Alumnae Association and Mutual Benefit Fund, Miss I. Davies; Hon. Treasurer, Miss Dunlop; Executive Committee, Misses Loggie, M. McDermott, Batson, McCarogher, Mathewson; Representative Private Duty Section, Miss R. Loggie; Representative to "The Canadian Nurse" (Convener), Miss White; Representative, Local Council of Women, Misses Colley, Bullock, Proxy, H. Carmen; Sick Visiting Committee (Convener), Mrs. Stuart Ramsay; Refreshment Committee, Misses Ward and L. Shepherd.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs; M. I. Warren; First Vice-President, Miss T. Y. Sanders. Second Vice-President, Miss D. Campbell; Secretary, Miss Muriel Bright; Assistant Secretary, Miss M. McKenzie; Treasurer, Miss D. W. Miller; "The Canadian Nurse" Representative, Miss A. B. Pearce; Montreal Nurses Association, Mrs. H. Pollock, Miss H. O'Brien; Convener, Social Committee, Miss M. F. Currie.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Misses E. A. Draper and M. F. Hersey; President, Mrs. Stanley; First Vice-President, Mrs. LeBeau; Second Vice-President, Mrs. Scrimger; Treasurer, Miss Burdon; Recording Secretary, Miss G. Martin; Corresponding Secretary, Miss K. Jamer; Convener of Finance Committee, Miss Enright; Convener, Programme Committee, Mrs. Scrimger; Convener, Sick Visiting Committee, Miss Gall; Representative, "The Canadian Nurse," Miss E. Flanagan; Representative, Local Council of Women, Misses Hall, Yeates; Representative, Private Duty Section, Misses Steel, McCallum, Palliser, McKibbon.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Jane Craig; President, Miss Marion Nash, 1234 Bishop St.; First Vice-President, Miss Bertha Birch; Second Vice-President, Miss Edna Payne; Secretary, Miss Ruby Kett; Treasurer, Miss Jane Craig; Conveners of Committees: Finance, Miss E. MacWhirter; Sick and Visiting, Miss B. Dyer; Correspondent to "The Canadian Nurse," Miss M. Hume; Representatives, Private Duty Section, Misses M. Tyrrell, H. Williams.

A.A., NOTRE DAME HOSPITAL, MONTREAL

Hon. President, Mother Dugas; Hon. Vice-Presidents Mother Mailloux, Rev. Sister Robert; President, Miss B. Lecompte; First Vice-President, Miss A. Hartenstein; Second Vice-President, Miss G. Dufresne; Secretary, Miss F. Massicotte, 2886 Holt St.; Assistant Secretary, Miss F. Ecuyer; Treasurer, Miss L. Boulerice; Conveners of Committees: Social, Miss L. Seneca; Nominating, Misses G. Belisle, E. Merizzi, M. De Courville; Sick Visiting, Misses A. Martineau G. Gagnon, B. Lacourse.

A.A., WOMEN'S GENERAL HOSPITAL, WESTMOUNT

Hon. President, Miss E. F. Trench; President, Miss L. Smiley; First Vice-President, Mrs. Crewe; Second Vice-President, Miss N. J. Brown; Recording Secretary, Miss Commerford; Corresponding Secretary, Mrs. Chisholm; Treasurer and "The Canadian Nurse" Representative, Miss E. L. Francis; Sick Visiting, Mrs. Kirk, Miss Jensen.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss E. Armour; First Vice-President, Miss H. A. MacKay; Second Vice-President, Miss E. Ford; Recording Secretary, Miss E. Douglas; Corresponding Secretary, Miss F. O'Connell; Treasurer, Miss E. McHarg; Representative to "The Canadian Nurse," Miss Doris Jack; Sick Visiting Committee, Misses Effie Jack, Cecile Caron; Private Duty Section, Miss C. Caron; Refreshment Committee, Misses A. Ascah, Ivy Nichol; Councillors, Miss F. L. Imrie, Mrs. D. Jackson, Miss C. Kennedy, Mrs. M. Craig, Miss Una Gale.

A.A. SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Miss Ella Morrisette; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Colin Campbell; Treasurer, Mrs. Adele Dyson; Recording Secretary, Mrs. Gordon McKay; Corresponding Secretary, Miss Evelyn L. Warren, Sherbrooke, P.Q.; Correspondent to "The Canadian Nurse," Miss Helen Todd.

MOOSE JAW GRADUATE NURSES' ASS'N

Honorary Advisory President, Mrs. Harwood; Honorary President, Mrs. Lydiard; President, Miss Cora M. Kier; Secretary, Miss B. Aldcorn, 202 Scott Bldg., Moose Jaw; Conveners of Committees: Social. Mrs. Stanfield; Press, Mrs. Lydiard; Constitution and By-laws, Miss French; Programme, Mrs. Young; Representative, Private Duty, Miss R. Cooper; Representative, Public Health, Miss Smith; Representative, Nursing Education, Mrs. Young; Correspondent to "The Canadian Nurse," Mrs. Archibald; Treasurer and Registrar, Miss Cora M. Kier.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss K. M. Ross; President, Miss J. Jackson; 1st Vice-President, Miss M. Buker; 2nd Vice-President, Mrs. J. C. Black; Treasurer, Miss M. Wilkins; Secretary, Miss S. Pollock, General Hospital, Regina; Press Committee, Miss J. Burrows; Entertainment Committee, Miss M. McRae, Miss L. Turnbull; Refreshment Committee, Miss L. Blakely; Sick Nurses Committee, Miss F. Winterbotham.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Louise M. Dickson, Shriners' Hospital, Montreal; Vice-President, Miss Olga Lilly, Royal Victoria Maternity Hospital; Secretary-Treasurer, Miss Dorothy P. Cotton, 1227 Sherbrooke St. W.; Programme Committee, Miss M. Armstrong, 1230 Bishop St.; Representative to Local Council of Women, Miss M. Dobie, Royal Victoria Hospital; Representatives to The Canadian Nurse, Administration, Miss F. Upton; Public Health, Miss Lecompte; Teaching, Miss E. Hillyard, Children's Memorial Hospital, Montreal.

A. A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss E. Watt; Vice-President, Miss M. G. Lovell; Secretary-Treasurer, Mrs. J. W. Grant; Recording Secretary, Miss I. Meagher; Conveners of Committees: Programme, Miss E. Clancey; Social, Miss M. Ingall; Publicity, Miss M. McEnaney.